MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

0747

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County Montgomery
City or town Rockville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montg.
City or town Rockville, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Denmon Albertson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband or wife Charles Albertson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1857

8. AGE:

Years	Months	Days	If less than one day
82	2	17	hrs. min.

9. Birthplace Illinois (Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Newell Williams
13. Birthplace Maine

MOTHER
14. Maiden name Fannie Knight
15. Birthplace England

16. Informant Mrs. Henry A. Dawson
Address Rockville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 31, 1940 (month) (day) (year)
Cemetery or crematory —
Location Moline, Illinois
18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.
19. Jan. 29 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1940, at 6A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936, to 1-28 1940, and that I last saw her alive on 1-28-40 1940.

Immediate cause of death	DURATION
Cerebral Thrombus	1-26-40
Due to Arteriosclerosis	1925
Due to	
Other conditions Senility	1936

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE WS - Murphy MD M. D. or other
Address Rockville Md Date signed 1-28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0748

(166)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Allen

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	Col	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 29, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas V. Gray

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Evans

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Florrine Borgen (Sister)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion M. Date Jan 28, 1940

19. UNDERTAKER Ernest Myers
(Address) 1432 Mass. Ave. N.W.

20. FILED Jan 25-40 B.C. Perry M.D.
(Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 23 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coroner Case

Shot in head by unknown person

Lacerations over head & face

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of Injury 1/23, 1940

Where did injury occur? Bethesda, Md.
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public Place on Street in Bethesda

Manner of Injury Shot in head also numerous

Nature of injury Bruises over head & face

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Deputy Sheriff Montgomery Co M. D.

(Address) Rockville Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15)

CERTIFICATE OF DEATH

0749

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Germantown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bailey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) December 30, 1939

8. AGE: Years | Months | Days: 2 | If less than one day: hrs. min.

9. Birthplace Olney, Montgomery Co. Maryland (Town, county, and state)

10. Usual occupation Infant

11. Industry or business —

FATHER

12. Name Millard Warren

13. Birthplace Maryland

MOTHER

14. Maiden name Sadie Elizabeth Plummer

15. Birthplace Germantown, Maryland

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 2, 1940 (month) (day) (year)

Cemetery or crematory Boyds, Md

Location Montgomery Co. Md

18. Funeral director Ernest C Gartner

Address Gaithersburg, Md

19. Jan 1 1940 (Date rec'd by registrar) Gertrude B Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1940, at 1 35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 30 1939, to January 1 1940, and that I last saw him alive on January 1 1940

Immediate cause of death	DURATION
Pneumonia	1 day
Due to Aspiration	
Due to	
Other conditions Immaturity	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE N. T. Lucius M.D. M. D. or other

Address Silver Spring Date signed 1/1/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (W-a)

0750

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Beall Infant.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 18, 1940

8. AGE: Years | Months | Days | If less than one day: 2 hrs. min.

9. Birthplace Olney, Montgomery Co, Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Otis Warren Beall

13. Birthplace Rockville, Md.

MOTHER 14. Maiden name Hilma Rosella Merry

15. Birthplace Vienna, Virginia

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 19-1940 (month) (day) (year)

Cemetery or crematory Oakland Cemetery

Location Oakland - Fairfax Sts. Rockville Md.

18. Funeral director Wm Penland Dunnington

Address Rockville Maryland

19. Jan 19 1940 (Date rec'd by registrar) Gertrude B. Lawlor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 11:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 18 1940, to Jan 18 1940, and that I last saw h in alive on Jan. 18 1940

Immediate cause of death	DURATION
Intracranial injury (Fractured Skull)	at birth.
Due to Difficult forceps delivery	
Due to Slow labor; fetal asphyxia	
Other conditions Due to old fracture of mother's	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm A. Linthicum M.D.
M. D. or other

Address Rockville, Md. Date signed Jan. 19 1940

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FEB 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0751

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Woodfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 54 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Woodfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Philemon S Beall

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie B. Beall
6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 12 1878

8. AGE:

Years	Months	Days	If less than one day
64	6	3	hrs. min.

9. Birthplace Montgomery Co Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER 12. Name John W Beall
13. Birthplace Montgomery Co Md
MOTHER 14. Maiden name Celonah Beall
15. Birthplace Montgomery Co Md
16. Informant Annie B. Beall
Address Woodfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 17 1940 (month) (day) (year)
Cemetery or crematory Dalem Cemetery Md
Location Montgomery Co Md
19. Funeral director Roy W Barber
Address Laytonsville Md
19. Jan 16 1940 (Date rec'd by registrar) Della N. Burdette Registrar Dept.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940, at 10 31/60 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Jan 15 1940, and that I last saw h[illegible] alive on Jan 15 1940

Immediate cause of death Coronary Embolism — DURATION 2½ hrs

Due to Arterio-Sclerosis several yrs.

Due to

Other conditions Cerebral Haemorrhage 1 yr ago

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M. Boyer M. D. or other
Address Damascus, Md. Date signed 1-16-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

0752

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1013 Highland Dr.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 47 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1013 Highland Dr
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Everard Benedict

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Elizabeth Monson Benedict
6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Jan 5, 1854

8. AGE: Years	Months	Days	If less than one day
86	0	2	hrs. min.

9. Birthplace South Norwalk, Conn.
(Town, county, and state)
10. Usual occupation Biologist
11. Industry or business
FATHER 12. Name James Benedict
13. Birthplace —
MOTHER 14. Maiden name Thusa Dibble
15. Birthplace — —
16. Informant J. E. Benedict Jr.
Address 9601 Warren St, Linden, Md
17. Cremation Date thereof Jan. 9, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Fort Lincoln
Location Bladensburg Rd., Md.
18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md
19. Jan 8 1940 J. E. Dudley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1939, to Jan 7 1940, and that I last saw h alive on 19

Immediate cause of death	DURATION
Myocardial decompensation	1 Year
Due to Hypertension	?
Auricular fibrillation	1 year
Due to	
Other conditions Diabetes mellitus	15 yrs
Cerebral apoplexy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William D. Aud M.D.
M. D. or other
Address Silver Spring, Md Date signed 1/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0753

1. PLACE OF DEATH (131 B)

County Montgomery Registration Dist. No. 216

Village or City Chevy Chase Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert G. Blocher If U. S. Veteran, specify WAR World war

(a) Residence: No. 6712 - 44th St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Ruth E. Blocher.

6. DATE OF BIRTH (month, day, and year) May 1 - 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Claims Examiner

9. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

FATHER

13. NAME Charles Blocher

14. BIRTHPLACE (city or town) (State or country) Gettysburg. Pa.

MOTHER

15. MAIDEN NAME Jennie Rupp.

16. BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

17. INFORMANT Mrs Ruth E. Blocher (Address) 6712 - 44th St.

18. BURIAL, CREMATION, OR REMOVAL Place Gettysburg, Penna Date Jan. 8, 1940

19. UNDERTAKER S. H. Hines Co. (Address) 2901 - 14th. N.W.

20. FILED Jan. 8th, 1940 B. C. Perry, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1931, to Jan. 8, 1940

I last saw him alive on Jan. 7, 1940; death is said to have occurred on the date stated above, at 2:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1935
Chronic glomerulonephritis	1937

Other Contributory Causes of importance:

Coronary thrombosis	1/6/40

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sidney C. Cousins M. D.

(Address) 3921 Ingomar St., N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Wash., D.C.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0754

STATE OF MARYLAND—CERTIFICATE OF DEATH

95-C

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MARY JANE BOYLE If U. S. Veteran, specify WAR

(a) Residence: No. 809 Carroll ONE. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas H. Boyle

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1861.

7. AGE Years 78 Months 1 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME Samuel Sibley

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

15. MAIDEN NAME Josephine Taylor.

16. BIRTHPLACE (city or town) (State or country) Wash D.C.

17. INFORMANT Geo W. Boyle (Address) 724 - 3rd. St. N.W. Apt 506.

18. BURIAL, CREMATION, OR REMOVAL Place Rock Creek Cemetery Date Jan 17, 1940

19. UNDERTAKER J. Arthur Walters (Address) 254 Carroll St. Takoma Pk. D.C.

20. FILED Jan 14, 1940 J. Walter Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 14, (Day) 1940. (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1940, to Jan. 13, 1940

I last saw her alive on Jan. 13, 1940; death is said to have occurred on the date stated above, at 5:35 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	Jan 10

Other Contributory Causes of importance: La Grippe - Bronchitis debility of old age

Name of operation None Date of -

What test confirmed diagnosis? Clinical exam. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. A. Shannon M. D.

(Address) 113 Carroll St. N.W. Takoma Pk.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0755

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mr. George J. Bradbury If U. S. Veteran, specify WAR.

(a) Residence: No. 2226 Pennsylvania Ave St. S.E. Ward. Washington, D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 9, 1862

7. AGE: Years 77 | Months 4 | Days 7 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Government Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U.S. Government

10. Date deceased last worked at this occupation (month and year) 10 years ago

11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) Washington (State or country) D.C.

FATHER

13. NAME John W. Bradbury

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Ellen French

16. BIRTHPLACE (city or town) Washington (?) (State or country) D.C.

17. INFORMANT Washington Sanitarium & Hospital (Address) Takoma Park, Md. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Jan 18, 1940

19. UNDERTAKER Thomas F. Murray (Address) 2007 Nichols Ave S.E.

20. FILED Jan. 16, 1940 J. Hilton Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1940, to Jan 16, 1940

I last saw him alive on Jan 15, 1940; death is said to have occurred on the date stated above, at 12:06 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Ulcer of Sigmoid - perforating into	unknown
Urachus cyst.	
~~Perforation~~	
Intestinal obstruction	Jan 1

Other Contributory Causes of importance:

Name of operation Incision & Drainage of Abd-Abscess Date of 1-5-40

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) A. E. Coyne M. D.

(Address) Takoma Park

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED FEB 5 1930 BUREAU V.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0756

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgomery

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 611 Sil. Spring Ave Apt 4

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eleanore Elizabeth Bradley

3. (b) Social Security Number None

4. Sex F

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John Robert Bradley

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) March 14 1904

8. AGE: Years 35 Months 10 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Penna (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Frank S. Dill

13. Birthplace Penna

MOTHER 14. Maiden name Tillie Dieterich

15. Birthplace Penna.

16. Informant John Robert Bradley

Address 611 Sil Spring Ave.

17. Cedar Hill (Burial, cremation, or removal) (Which?) Date thereof Feb 3, 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Suitland Md.

18. Funeral director Deal Funeral Home

Address 4812 Georgia Ave. N.W. Wash. D.C.

19. Jan 31 1940 (Date rec'd by registrar) F. E. Dudley Jr. Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 29 1940, to Jan 31 1940, and that I last saw her alive on Jan 31, 1940 19

Immediate cause of death Lobar Pneumonia OK

Influenza with acute pleurisy and acute hemorrhagic pnuemonitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 3 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles T. Carroll M.D. M. D. or other

Address 6801-6th St, N.W. Wash. D.C. Date signed 1/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS A15

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FEB 8 1940
BUREAU V.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-C)

0757

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County: Montgomery

City or town: Nr. Norwood
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Lay Hill road

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Mont.

City or town: Nr. Norwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rockville - RFD #3
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Eli Bready

3. (b) Social Security Number:

4. Sex: M.

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary E Bready

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Feb 25 - 1858.

8. AGE: Years: 81 Months: 11 Days: 1 If less than one day: hrs. min.

9. Birthplace: Mont Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: retired

FATHER
12. Name: John Bready
13. Birthplace: Fred Co Md

MOTHER
14. Maiden name: Catharine Baer
15. Birthplace: Fred Co Md

16. Informant: Mary E Bready
Address: Rockville RFD 3

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan 29-1940 (month) (day) (year)

Cemetery or crematory: Rockville Union

Location: Near Rockville - Maryland

18. Funeral director: Wm. Reuben Dumphrey

Address: Rockville - Maryland

19. Jan 29 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 26 - 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 - 1935, to Jan 26 - 1940, and that I last saw him alive on Jan 26 - 1940.

Immediate cause of death: Carcinoma of prostate — DURATION: 9 yrs

Due to: General

Due to: Carcinomatosis — 1 yr

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Chas. Tumbleson MD
M. D. or other

Address: Sandy Spring Md Date signed: 1-27-40

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FEB 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0758

1. PLACE OF DEATH

County Montgomery (190) Registration Dist. No. 213

Village or City Rockville No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Brooker. If U. S. Veteran, specify WAR ____

(a) Residence: No. Rockville St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) ✓

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
89?	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Brick layer.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ternony

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Helen Tlouacki (Address) 2501 E. Fairmount av. Balt Md.

18. BURIAL, CREMATION, OR REMOVAL Balt. Md. Place St Stanislaus Date Jan 23, 1940

19. UNDERTAKER F.W. Ordzewski. (Address) 1930 Eastern av. Balt Md.

20. FILED Jan. 21, 1940 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Exposure to cold. Cause Probably Acute Chronic myocarditis. Duration: ten years. Cardiac Failure (Exposure) Found dead in home. Apparently dead for 18 hours prior to examination

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) C. E. Hawkes M. D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0759

STATE OF MARYLAND—CERTIFICATE OF DEATH

131:a

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. 5416 Edgemoor Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 12 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Oliver Perry Morton Brown If U. S. Veteran, specify WAR None

(a) Residence: No. 5416 Edgemoor Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgie Krug

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Attorney

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U.S. Maritime Comm.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Porte (State or country) Indiana

FATHER

13. NAME Henry Clay Brown

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Bina Logan

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. O.P.M. Brown (Address) 5416 Edgemoor Lane

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Wash. D.C. Date Jan. 90, 1940

19. UNDERTAKER Joseph Gawler's Sons, Inc., (Address) 1756 Pa. Ave., N.W., Wash., D.C.

20. FILED Jan. 10, 1940. B. C. Perry, M.W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY. That I attended deceased from Jan. 5, 1940, to Jan. 9, 1940.

I last saw him alive on Jan. 9, 1940; death is said to have occurred on the date stated above, at 3:50 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	1931

Other Contributory Causes of Importance:

Coronary Occlusion	1/5/40

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Sidney Thousand M. D.

(Address) 3921 Ingomar St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

JAN 13 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

0760

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 8401 Maple Ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 8401 Maple Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Infant of- Albert B. Buckler / Helen F. Buckler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1-3-40

8. AGE:

Years	Months	Days	If less than one day
—	—	—	— hrs. 40 min.

9. Birthplace: Silver Spring, Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Albert B. Buckler
13. Birthplace: Philadelphia Penn.

MOTHER
14. Maiden name: Helen F. Taylor
15. Birthplace: Washington, D.C.

16. Informant: Albert B. Buckler
Address: Silver Spring, Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 1-4-40 (month) (day) (year)
Cemetery or crematory: Fort Lincoln
Location: Bladensburg Md

18. Funeral director: Warner E. Pumphrey
Address: Silver Spring, Md

19. Jan 4 1940 (Date rec'd by registrar) J. E. Buckley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3- 1940, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-3- 1940, to 1-3- 1940, and that I last saw h[illegible] alive on 1-3- 1940.

Immediate cause of death: Premature Birth - 5½ mo.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

DURATION

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R. M. Irving M.D.
M. D. or other
Address: 8114 - Maple Ave. Date signed 1-3-40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

0761

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. Cedar St. Saint Paul Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isabela Burrows If U. S. Veteran, specify WAR

(a) Residence: No. 610 - Rittenhouse St. N.W. St., Ward Washington D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Burrows.

6. DATE OF BIRTH (month, day, and year) Unk

7. AGE Years 85 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hwf.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael McGlynn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bradley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Morris Lannan Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date Jan. 9, 1940

19. UNDERTAKER (Address) M.G. M.A. Huntemann 5732 Ga. ave. N.W. D.C.

20. FILED Jan 9, 1940 F. E. Dudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 9 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from March 13, 1938, to Jan 9, 1940.

I last saw her alive on Jan 9, 1940; death is said to have occurred on the date stated above, at 5:55 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other Contributory Causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Richard B. Thibadeau M. D.

(Address) 2012 R. St. N.W. Wash. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

1240

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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BUREAU V. S.

8402 maple

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0762

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 112 East Underwood St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 112 East Underwood
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME William Edward Carey

3. (b) Social Security Number 577-03-6696

4. Sex: male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Gertrude Spicer Carey

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1875

8. AGE: Years 64 | Months 3 | Days 15 | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation accountant

11. Industry or business Chestnut Farms Dairy

FATHER
12. Name Patrick A. Carey
13. Birthplace Ireland

MOTHER
14. Maiden name Annie McGlannan
15. Birthplace Balto. Md

16. Informant William E. Carey Jr.

Address 112 East Underwood St.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Jan 24/40 (month) (day) (year)

Cemetery or crematory Mt Olivet

Location Wash. D. C.

18. Funeral director Francis J Collins

Address 3821-14th St. Nw. Wash. DC

19. Jan 23 — 1940 (Date rec'd by registrar) Thomas K. Conrad, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1940, at 10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 9 1940, to January 21 1940, and that I last saw him alive on January 21 1940.

Immediate cause of death: Cerebral thrombosis — DURATION: 12 days

Due to

Due to

Other conditions: Arteriosclerosis — Chronic

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. W. Nichols, M.D.
M. D. or other

Address 2200-19th Nw. Wash. D.C. Date signed 1/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0763

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 218

Village or City Gaithersburg No. outside St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby boy Carrol

(a) Residence: No. Gaithersburg Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 17 1940

7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Gaithersburg Md (State or country)

FATHER

13. NAME Edward Duvall

14. BIRTHPLACE (city or town) Gaithersburg Md (State or country)

MOTHER

15. MAIDEN NAME Eleanor Carrol

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Edward Duvall (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emory Grove Md Date Jan 19, 1940

19. UNDERTAKER Edward Duvall (Address) Gaithersburg, Md.

20. FILED Jan 18, 1940 Alserda T. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from did not attend to ____, 19____

I last saw h____ alive on ____ 19____; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
still born	
7 mo gestation	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) F J Broschart M. D.

(Address) Gaithersburg Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 5 1944 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-2)

Reg. Dist. No. 216

0764

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Glen Echo, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leontine Charles

3 (b) If veteran, name war

3 (c) Social Security No. 578-03-1104

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Louis Charles

6. (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1890

8. AGE: Years 49 | Months 4 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace France
(Town, county, and state)

10. Usual occupation Housewife &

11. Industry or business Candy dipper Confectionery

FATHER
12. Name Francis Machareau
13. Birthplace France

MOTHER
14. Maiden Name Mary Gordon
15. Birthplace France

16 (a) Informant Mrs. Wm. Bolton
(b) Address Glen Echo, Md.

17 (a) removal (Burial, cremation, or removal) (b) Date thereof Jan. 28-1940 (month) (day) (year)

(c) Cemetery or crematory

Location Wash. D.C.

18 (a) Funeral director Wm. H. Sardo & Co.

(b) Address 412 "H" St., N.E.

19 (a) Jan. 28, 1940 (Date rec'd by registrar) (b) B. C. Perry MD Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 28, 1940, at 4a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940, to Jan 28, 1940, and that I last saw her alive on Jan 27, 1940.

Immediate cause of death Cerebral embolism

Due to acute peri tonsillar abscess

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. G. Bauersfeld MD
M. D. or other

Address Bethesda, Md Date signed 1/28/40

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

0765

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town 15 E. Woodbine St., Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 15 E. Woodbine Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME: Mrs. Sarah B. Coleman

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: E. M. Coleman

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 2, 1868

8. AGE: Years: 72 Months: 11 Days: 2 If less than one day: ____ hrs. ____ min.

9. Birthplace: Kentucky (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: S. Cunning
13. Birthplace: Ohio

MOTHER
14. Maiden name: Mary Perry
15. Birthplace: Kentucky

16. Informant: Katherine G. Struve
Address: 15 E. Woodbine St., Chevy Chase, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 6, 1940 (month) (day) (year)
Cemetery or crematory: Rockville Union
Location: Rockville, Maryland

18. Funeral director: Wm. Reuben Pumphrey
Address: 7005 Wisconsin Ave., Bethesda, Md.

19. Jan. 4 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940, et 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 11 1939, to Jan. 4 1940; and that I last saw h-er alive on Dec. 8, 1939.

	DURATION
Immediate cause of death: Acute Congestive Heart Failure	
Due to: Carsio-vascular Renal Disease	5 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Sidney A. Lawrence M.D.
M. D. or other
Address 3921 Livingston St. Date signed 1/4/40
Washington, D.C.

RECEIVED
FEB 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0766

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lillian Connerly If U. S. Veteran, specify WAR

(a) Residence: No. 200 N. Columbus St St., Ward. Alexandria Virginia

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Brenton E. Connerly

6. DATE OF BIRTH (month, day, end year) August 1873

7. AGE	Yeers	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	5		

OCCUPATION

8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Missionary

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Mission Filed

10. Date deceesed last worked et this occupetion (month end year) 3 yeers ago

11. Total time (yeers) spent in this occupation 17 yeers

12. BIRTHPLACE (city or town) Freeborn (Stete or country) Minnesota

FATHER

13. NAME John Snyder

14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER

15. MAIDEN NAME Laura Seipher

16. BIRTHPLACE (city or town) (Stete or country) Minnesota

17. INFORMANT Washington Spiritarium & Hosp. Records (Address) Takoma Park, Md.

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Alexandria Va Dete Jan. 13, 1940

19. UNDERTAKER Cunningham Funeral Home (Address) 809 Cameron St. Alex Va

20. FILED 1/11, 1940 Helen M. Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 11 (Day), 1940 (Yeer)

22. I HEREBY CERTIFY, Thet I attended deceased from Dec 10, 1939, to Jan. 11, 1940

I lest sew h-ex- alive on Jan 10, 1940; death is seid to have occurred on the date steted ebove, at 1:20 P.M.

The **PRINCIPAL CAUSE OF DEATH** end releted causes of importance were es follows:

	Date of onset
Myocardial Failure	1/10/40
Carcinoma of Stomach	?

Other **Contributory Causes** of Importence:

Name of operation Laparotomy Date of 1-9-40

Whet test confirmed diagnosis? Laboratory Wes there an autopsy? O.

23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Neture of injury ...

24. Was disease or injury in eny wey related to occupation of deceesed? No

If so, specify ...

(Signed) Robert Hare M. D.

(Address) 722 Maple Ave. Takoma Park

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 5 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0767

(8)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 218

Village or City Gaithersburg No. Village St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Still birth (Copeland) If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	Col	Sing

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of ~

6. DATE OF BIRTH (month, day, and year) Jan-29-40

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	~	~	~	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. ~

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ~

10. Date decaased last worked et this occupation (month end year) ~

11. Total time (years) spent in this occupation ~

12. BIRTHPLACE (city or town) Gaithersburg, Md. (State or country)

FATHER

13. NAME Howard C. Copeland

14. BIRTHPLACE (city or town) Laytonsville, Md. (State or country)

MOTHER

15. MAIDEN NAME Rachel Ann Ross

16. BIRTHPLACE (city or town) Gaithersburg, Md. (State or country)

17. INFORMANT Rachel Ann Ross Copeland (Address) 2003-14th St. N. W., D. C.

18. BURIAL, CREMATIDN, OR REMOVAL Place Emory Grove Md Date Jan. 31, 1940

19. UNDERTAKER Christaker Ballard (Address) Gaithersburg Md.

20. FILED Jan. 31, 1940 Alvada L. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) - 29 (Day) - 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan-29- 1940 to Jan-29 1940

That I last saw him alive on Jan-29-, 1940; death is said to have occurred on the deta stetad above, at ? m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still birth	1/29/40
Dther Contribntory Causes of importance:	
La Grippe	1/22/40

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury ...

Neture of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Smith M. D.

(Address) Gaithersburg, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 5 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0768

94a

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. 156 - Custer Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 7 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Renna Ballard Corry

(a) Residence: No. 156 - Custer Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of James R. Corry

6. DATE OF BIRTH (month, day, and year) Sept 7, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holston, Va

FATHER

13. NAME James F. Ballard

14. BIRTHPLACE (city or town) (State or country) Abingdon, Va

MOTHER

15. MAIDEN NAME Louvenia Stanfield

16. BIRTHPLACE (city or town) (State or country) Holston, Va

17. INFORMANT (Address) J. Robt. Corry 156 - Custer Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Glenwood Wash. D.C. Date 1/27 1940

19. UNDERTAKER (Address) Joseph Sawlers Sons 1756 - Pa. Ave NW

20. FILED Jan. 26, 1940 B. C. Perry, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1940, to January 26, 1940

I last saw her alive on January 26, 1940, death is said to have occurred on the date stated above, at 2350 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 6

Other Contributory Causes of importance: Hypertension

Name of operation Date of

What test confirmed diagnosis? Electrocardiogram Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leo I. Donovan M. D.

(Address) 416 Georgetown Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 9 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0769

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 43 Noyes Dr.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Indiana County: Putnam
City or town: Roachdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: William Alex Crosby

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Florence Ann Crosby
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 14, 1863

8. AGE:

Years	Months	Days	If less than one day
76	5	26	hrs. min.

9. Birthplace: Roachdale, Putnam Co. Indiana
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Benjamin Crosby
13. Birthplace: Indiana

MOTHER
14. Maiden name: Frances Cline
15. Birthplace: Indiana

16. Informant: Joseph B. Crosby
Address: 43 Noyes Dr, Silver Spring Md

17. Removal
(Burial, cremation, or removal. Which?)
Date thereof: Jan. 10, 1940
(month) (day) (year)

~~Cemetery or crematory~~
Location: Roachdale, Putnam Co., Indiana

18. Funeral director: Warner E. Pumphrey
Address: Silver Spring, Md.

19. Jan 10 1940
(Date rec'd by registrar)
T. E. Dudley
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 10 1940, at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 10 1940, and that I last saw him alive on Jan 9 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	10 days
Due to: Hypertension	
Due to:	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. William D. Aud M.D.
M.D. or other
Address: Silver Spring, Md. Date signed 1/10/40

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

58 8 0770

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Forest Glen, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~ 1823 Capitol View Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Forest Glen Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1823 Capitol View Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Wilbur F. Dales

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Virginia S. Dales

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1862

8. AGE: Years	Months	Days	If less than one day
77	5	21	hrs. min.

9. Birthplace New York (Town, county, and state)

10. Usual occupation Retired Teacher

11. Industry or business

FATHER 12. Name Orrin P. Dales

13. Birthplace New York

MOTHER 14. Maiden name Harriet Storey

15. Birthplace New York

16. Informant Rev. Philip A. Dales Md.

Address 1823 Capitol View Ave., Forest Glen

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 2, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Glenwood

Location Washington, D.C.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Jan. 31 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to Jan 30 1940, and that I last saw him alive on Jan 30 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	6 days
Due to Cerebral arteriosclerosis	?
Due to Essential hypertension	?
Other conditions Hypertensive heart disease	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Wilkie Cogely M.D

M. D. or other

Address Kensington, Md. Date signed 1-31-40

RECEIVED
FEB 6 1940
BUREAU V. S.

0771

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 223

1 PLACE OF DEATH
County Mt Gomery Co (97)
WITHIN CORPORATE LIMITS OF
Village or City Takoma Pk (No.) 262 Park Ave St.: (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alice Cornelia Davis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
F	W	Married

6 DATE OF BIRTH: Aug (Month) 13 (Day), 1857 (Year)

7 AGE: 82 yrs. 5 mos. 5 ds. If LESS than 1 day ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed or (employer): (Albert S Davis husband)

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Clay Frost

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Cornelia Bagley

13 BIRTHPLACE OF MOTHER (State or Country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edna Davis (daughter)
(Address) 262 Park Ave T.K. Park

15 Filed 1/18 1940 J. Wilkin Dodd Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Alice Cornelia Davis
Jan (Month) 18 (Day) 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 14 1940 to Jan 18, 1940, that I last saw her alive on Jan 17, 1940, and that death occurred on the date stated above, at 1 15 a.m.

The CAUSE OF DEATH * was as follows:

Arterio Sclerosis

(Duration) 4 yrs. ____ mos. ____ ds.

Contributory Secondary: Exhaustion

(Duration) ____ yrs. ____ mos. 1 ds.

(Signed) Edwin E Roberts M. D.

Jan 18 1940 (Address) 300 Longfellow St Wash DC

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Rg Co Md — DATE OF BURIAL: Jan 20, 1939

20 UNDERTAKER: Ivy Hall Funeral Co — ADDRESS: Wash. DC

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 6 1910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106-a)

CERTIFICATE OF DEATH

0772

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery.
City or town Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 308 Falls Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life in County.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery.
City or town Rockville. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Emma C Dawson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed.

B (b) Name of husband or wife Wm P. Dawson.

G(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 18 1854

8. AGE: Years 85 | Months 4 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Rockville Md. Montg. Co.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Edward Viers.
13. Birthplace Md.

MOTHER 14. Maiden name Sarah Riley.
15. Birthplace Md.

16. Informant Emma Wooden
Address 308 Falls Rd. Rockville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 17, 1940 (month) (day) (year)

Cemetery or crematory Monocacy Cemetery
Location Beallsville Md.

18. Funeral director Wm Reuben Pumphrey
Address Rockville Md.

19. Jan 16 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1940, 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940, to Jan. 15 1940; that I last saw her alive on Jan. 15 1940:

Immediate cause of death	DURATION
acute myocardial failure	24 hours
Due to —	
Due to —	
Other conditions Recent Bronchitis	Jan 1, 1940.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm A. Leatherwood, M.D.
M. D. or other
Address Rockville, Md. Date signed Jan. 15/40

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

0773

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
County: Montgomery
City or town: Trailah
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. Gaithersburg Md.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 29 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Trailah Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. Gaithersburg Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Martha Alice Fling

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
B (b) Name of husband or wife: William F Fling
6(c) If alive, give age: 90 years
7. Birth date of deceased (mo., day, yr.): Unknown about 1855

8. AGE: Years: 84 Months: 7 Days: 7 If less than one day: hrs. min.

9. Birthplace: Fairfax Co. Va (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Unknown Walker
13. Birthplace: Fairfax, Va
MOTHER
14. Maiden name: Martha Henderson
15. Birthplace: Fairfax, Va
16. Informant: Ashby Fling
Address: Gaithersburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 21, 1940 (month) (day) (year)
Cemetery or crematory: Union Cemetery Leesburg Va.
Location:
18. Funeral director: Lloyd Slack
Address: Leesburg Virginia
19. Jan. 19 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 18 1940 - 10:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1939, to Jan. 18 1940, and that I last saw her alive on Jan 18 1940.
Immediate cause of death: Senile arteriosclerosis & myocarditis, with old hemiplegia
Due to: —
Due to: —
Other conditions: none
(Include pregnancy within 3 months of death)
Major findings: —
Dt operations:
Dt autopsy: —

DURATION: 2 months

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Wm A. Linthicum, M.D. M. D. or other
Address: Rockville, Md. Date signed: Jan. 19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-8)

0774

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Brinklow
City or town Montgomery CO
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town Brinklow Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Foreman

3. (b) Social Security Number

4. Sex: male
5. Color or race: Colard
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Martha Foreman
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 17 1871

8. AGE: 68 Years | Months 10 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace: Sandy Spring Md (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Samuel Foreman
13. Birthplace: Sandy Spring Md
MOTHER
14. Maiden name: Sarah Marsey
15. Birthplace: Md
16. Informant: Martha Foreman
Address: Brinklow Md
17. Sandy Spring (Burial, cremation, or removal. Which?) Date thereof Jan 10 1940 (month) (day) (year)
Cemetery or crematory: Sandy Spring
Location: Sandy Spring
18. Funeral director: Robert L. Snouder
Address: 246 N Washington St
19. Jan 9 1940 (Date rec'd by registrar) Gertrude B. Lawler Rockville Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 8, 1940, at 1A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1932, to January 1940, and that I last saw him alive on January 7, 1940.
Immediate cause of death: apoplexy, arteriosclerosis and Chronic nephritis & Hypertension
~~Due to~~ Gastric Ulcer
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: 5 days ? 10 yrs.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Webster Sewell, M.D. (M. D. or other)
Address: Norbeck Rockville, Md. Date signed 1.8.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 7 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0775

164C

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Rural - near Rockville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Edward Gandy Jr.

3. (b) Social Security Number 214-16-7828

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 - 1901

8. AGE: Years 38 Months 8 Days 15 If less than one day hrs. min.

9. Birthplace Rockville - Maryland
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Edward Gandy Sr
13. Birthplace England

MOTHER
14. Maiden name Rosa A Grady
15. Birthplace Maryland

16. Informant Mr. Edward Gandy father

Address Rockville - Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 18/40 (month) (day) (year)

Cemetery or crematory Rockville Union Cem

Location Near Rockville

18. Funeral director Wm. Reuben Humphrey

Address Rockville - Maryland

19. 3-18 1940 Faye Barnsley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at unknown M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Coroner Case

Due to Gun Shot wound thru Aft Chest passing thru heart (Suicide)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of

Where did injury occur? 2 1/2 miles from Rockville Mont Co Md. on Mollohans woods
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Gun Shot wound Injured at work? no

23. SIGNATURE C. E. Hawks Md
Dep Med Ex of Mont Co
M. D. or other

Address Rockville Md Date signed 3/16/40

RECEIVED
APR 3 1918
BUREAU V. S.

0776

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (193)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Montgomery
City or town M. Bethesda
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Washington, D. C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3121 Chestnut St., N. E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME James Nelson Garrison

3. (b) Social Security Number 577-09-3234

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Esther E. Garrison
6(c) If alive, give age: about 34 years
7. Birth date of deceased (mo., day, yr.): May 22, 1902

8. AGE: Years 37 | Months 7 | Days 9 | If less than one day ___ hrs. ___ min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Lineman - Potomac Electric Power Co.
11. Industry or business
FATHER
12. Name: Clinton Garrison
13. Birthplace: Virginia
MOTHER
14. Maiden name: Mary Ann Smith
15. Birthplace: Virginia
16. Informant: Smith D. Garrison
Address: Washington, D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 4, 1940 (month) (day) (year)
Cemetery or crematory: National Memorial Park Cemetery
Location: Nr. Fairfax Virginia
18. Funeral director: Wm. Reuben Pumphrey
Address: 7005 Wisconsin Ave., Bethesda, Md.
19. Jan. 3rd 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 1 1940, at 1.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner 19__, to 19__, and that I last saw h__ alive on Case 19__.

Immediate cause of death: Electrocuted by high tension wire on bandley
Due to: Intervened about one mile from National Womans Club
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? M. Bethesda (City or town) Montgomery (County) Md (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Electrocuted Injured at work? yes

23. SIGNATURE: C. E. Hawk
Deputy Med. Ex. for Mont. Co.
Address: Rockville Md Date signed 1/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

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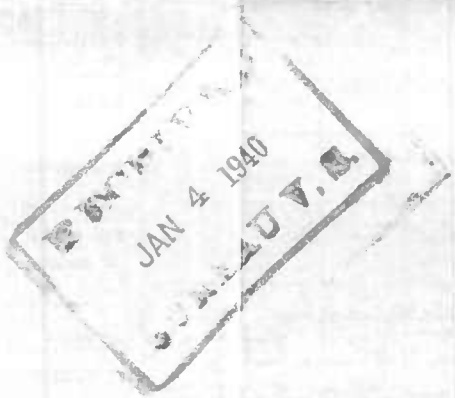
JAN 4 1940

0777

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (128)

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montg Co

City or town Gaithersburg (City)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 90

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montg Co,

City or town Gaithersburg Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Thomas Gloyd

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1849

8. AGE:

Years	Months	Days	If less than one day
90	6	20	hrs. min.

1849

9. Birthplace Gaithersburg Maryland (Town, county, and state)

10. Usual occupation Retired Farmer,

11. Industry or business

FATHER

12. Name Samuel Gloyd

13. Birthplace Maryland

MOTHER

14. Maiden name Rebecca A Swamley

15. Birthplace Maryland

16. Informant Ernest D Gloyd

Address Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 18/40 (month) (day) (year)

Cemetery or crematory St Rose, Cloppers Md,

Location Near Gaithersburg Md

18. Funeral director Ernest C Gartner

Address Gaithersburg Md

19. Jan. 16 1940 (Date rec'd by registrar) Alvida G. Cooke, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940, at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1939, to Jan 15 1940, and that I last saw him alive on Jan 15 1940.

Immediate cause of death	DURATION
Acute Cardiac dilatation	3 days
Due to	
Due to Subacute Gastritis	3 weeks
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. J. Broschart M. D. or other

Address Gaithersburg Date signed 1-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) I

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CNB 186(a) 0778

Reg. Dist. No. 218

1. PLACE OF DEATH:

County: Montg Co

City or town: Gaithersburg Md (City)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Methodist Home

Stay in hospital or inst. (yrs., or mos., or days): 8 Yrs 3 Mo

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland Virginia County: Montg Co

City or town: Gaithersburg Md Salem Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Methodist Home,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Fannie Deane Goff

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 7th 1855

8. AGE:	Years	Months	Days	If less than one day
1855	84	3	10	hrs. min.

9. Birthplace: Salem Va, (Town, county, and state)

10. Usual occupation: House Keeping,

11. Industry or business:

FATHER: 12. Name: Thomas H Goff

13. Birthplace: Va

MOTHER: 14. Maiden name: Mary J Gibb

15. Birthplace: Va

16. Informant: Methodis Home, H M Wilson

Address: Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 19/40 (month) (day) (year)

Cemetery or crematory: East Hill Cemetary

Location: Salem Va,

18. Funeral director: Ernest C Gartner Gaithersburg Md

Address:

19. Jan. 18 1940 (Date rec'd by registrar) Alvida G Cook Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 17 1940, at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1939, to Jan. 17 1940, and that I last saw her alive on Jan. 17 1940.

Immediate cause of death: Bronchial Pneumonia — DURATION: 2 days.

Due to: Fracture of left humerus — 19 days.

Due to: Fracture due to an accidental fall, at the place of her residence, approximately thirty days before her death. C.W.G.R.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of:

Where did injury occur? At the place of her residence (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Accidental fall Injured at work?

23. SIGNATURE: Esther F. Kuhn M.D. (M. D. or other)

Address: Rockville, Md. Date signed: Jan. 18, 1940

RECEIVED
FEB 16 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0779

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park (Washington Sanitarium) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Edward Green

If U. S. Veteran, specify WAR ...

(a) Residence: No. Washington Sanitarium St., Ward. Highland Apts. Wash. D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Widowed

5a. ~~If married~~, widowed, ~~or divorced~~
HUSBAND of ~~(or) WIFE of~~ Laura Johnson Green

6. DATE OF BIRTH (month, day, and year) Dec. 27, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	-	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Director

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. American Red Cross

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 15 yrs +

12. BIRTHPLACE (city or town) Harrisville
(State or country) Pennsylvania

FATHER

13. NAME John M. Green

14. BIRTHPLACE (city or town) Clarion Co.
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME McCreary

16. BIRTHPLACE (city or town) Pittsburgh
(State or country) Pennsylvania

17. INFORMANT Walt. Sam. & Harp.
(Address) Takoma Park Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date 1/27, 1940

19. UNDERTAKER S. H. Hines Co.
(Address) Washington D.C.

20. FILED Jan 27, 1940 J. Fletcher Todd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 24, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from October, 1939, to January 24, 1940

I last saw him alive on January 24, 1940; death is said to have occurred on the date stated above, at 1:51 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan. 1940
Chronic Myocarditis	Unknown
Auricular Fibrillation	"
Coronary Disease	"

Other Contributory Causes of importance:

Arterial Hypertension	1½ yrs.
Diabetes Mellitus	Recent
Gangrene Left Foot (Arteriosclerotic)	
Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Harold A. Mikkelsen M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 8 1940 N. Y. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0780

STATE OF MARYLAND—CERTIFICATE OF DEATH

120b

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. Cedar cro ft Sanitorium Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 8 ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Hamilton John L. If U. S. Veteran, specify WAR ___

(a) Residence: No. ___ St., ___ Ward. Waldorf Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Hamilton

6. DATE OF BIRTH (month, day, and year) Oct 17, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
67	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Waldorf Md

FATHER

13. NAME Henry Hamilton

14. BIRTHPLACE (city or town) (State or country) Chas County Md

MOTHER

15. MAIDEN NAME Jane E. Adams

16. BIRTHPLACE (city or town) (State or country) Chas County Md

17. INFORMANT (Address) Jessie Hamilton Waldorf Md

18. BURIAL, CREMATION, OR REMOVAL Place Waldorf, Md. Date Jan. 23, 1940

19. UNDERTAKER (Address) James T. Ryan Inc 317 Pa. Ave. S.E. Wash. D.C.

20. FILED Jan 23, 1940 F. E. Wudlin Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1940, to Jan 23, 1940. I last saw him alive on Jan 22, 1940; death is said to have occurred on the date stated above, at 8.45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	

Other Contributory Causes of importance:

Ex Pauperis

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) Richard B. Thibadeau M. D.

(Address) 2012 R St. N.W. Wash. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 6 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

0781

Reg. Dist. No. 312

1. PLACE OF DEATH:
County Mont County
City or town Burk Lodge (Boyd R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Pauline Ann Jewel

3. (b) Social Security Number

4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 25-1939
8. AGE: Years | Months 1 | Days 5 | If less than one day hrs. min.
9. Birthplace Burk Lodge, Mont, Co Md
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Robert Jewel
13. Birthplace Va.
MOTHER 14. Maiden name Hallie Stevens
15. Birthplace Va.
16. Informant Robert Jewel
Address Boyd - R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/31/40 (month) (day) (year)
Cemetery or crematory Presbyterian
Location Boyd, Md
18. Funeral director William B. Hilton
Address Barnesville, Md
19. Jan 30 1940 Mrs C.C. Hilton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 3 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19 ,
and that I last saw her alive on 19 .
Immediate cause of death asphyxiation suffocation accidental
Due to
Due to Covering in bed falling over head.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 1/30/40
Where did injury occur? Burk Lodge Mont Co Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury suffocation accidental Injured at work? no

23. SIGNATURE C. E. Hawks
M. D. or other
Address Rockville Md Date signed 1/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0782

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Olney

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mont Co Gen Hosp

Stay in hospital or inst. (yrs., or mos., or days): 17 days

Stay in this community (yrs., or mos., or days): 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: P. George

City or town: Bowie Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Willis Johnston

3. (b) Social Security Number: no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Mar.

B (b) Name of husband or wife: Elsie M. Johnston

6(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): 1863

8. AGE:

Years	Months	Days	If less than one day
77			hrs. min.

9. Birthplace: P. Geo Co Md (Town, county, and state)

10. Usual occupation: Real Estate

11. Industry or business:

FATHER 12. Name: Walter Johnston

FATHER 13. Birthplace: P. Geo Co. Md

MOTHER 14. Maiden name: Julia Donaldson

MOTHER 15. Birthplace: Anne Arundel Co. Md

16. Informant: Hosp Records

Address: Olney Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-6-1940 (month) (day) (year)

Cemetery or crematory: Glenwood Cemetary

Location: Washington, D.C.

18. Funeral director: W. H. Chambers Co

Address: Riverdale, Md.

19. Jan 6 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 4 - 1940, at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 - 1939, to Jan 4 - 1940, and that I last saw him alive on Jan 4 - 1940.

Immediate cause of death: Lobar Pneumonia — DURATION: 18 days

Due to:

Due to:

Other conditions: Uremia — 10 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Chas E. Smbleson MD (M. D. or other)

Address: Sandy Spring Md Date signed 1-4-40

RECEIVED
FEB 7 1940
BUREAU V. S.

0783

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 207 W. Thornapple St., Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 10 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 207 West Thornapple Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Minna Cromwell Jones

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Needhan Lee Jones

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): August 20, 1878

8. AGE: Years	Months	Days	If less than one day
61	5	11	hrs. min.

8. Birthplace: Germantown, Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Bartelett J. Cromwell
13. Birthplace: Georgia

MOTHER
14. Maiden name: Lizzie S. Hubert
15. Birthplace: Philadelphia, Pennsylvania

16. Informant: Needhan Lee Jones

Address: 207 W. Thornapple St., Chevy Chase, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 3, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Arlington, Virginia

18. Funeral director: Wm Reuben Pumphrey

Address: 7005 Wis Ave Bethesda Md

19. 2-2 (Date rec'd by registrar) 1940 B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 31 1940, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 1935, to January 31 1940, and that I last saw her alive on January 31 1940.

Immediate cause of death: Carcinoma, colon with hepatic metastasis - obstruction

Due to: symptoms from Oct. 1939

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Laparotomy. Nov. 10. 1939 by Daniel Borden - J. W. Hosp - showed carcinoma ascending colon c̄ extensive liver metastases.

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. Marie Page, M.D. M. D. or other

Address: 1150 Conn Ave. Wash. D. C. Date signed: Feb 1. 1940.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

RECEIVED
MAR 5 1940
BUREAU V. S.

0784

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 22 Grant

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Northumberland

City or town Village Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eva F. Kettler

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1878

8. AGE: Years 61 Months 0 Days 25 If less than one day hrs. min.

9. Birthplace Wash D C (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name J. H. Wm. Kettler

13. Birthplace Germany

MOTHER 14. Maiden name Rosina Fischer

15. Birthplace Germany

16. Informant Mrs W. J. Kettler

Address 632 G St N.W Wash D C

17. Removal (Burial, cremation, or removal. Which?) Date thereof 1/20/1940 (month) (day) (year)

Cemetery or crematory Washington D C

Location

18. Funeral director H. J. Taltavull

Address 436 - 7th St S W Wash D C

19. Jan. 20 1940 (Date rec'd by registrar) J Helen Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1940, at 12:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to Jan 20 1940, and that I last saw her alive on Jan 20 1940.

Immediate cause of death Heart failure — DURATION 2 mos

Due to Sub Acute Bacterial Endocarditis — 2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W B Wardrop M.D. M. D. or other

Address 913 Bonifant St. Date signed 1/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0785

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Emma Kingston If U. S. Veteran, specify WAR

(a) Residence: No. 534 20th St. N.W. St., Ward. Washington D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16, 1883

7. AGE	Yeers	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	24	

OCCUPATION

8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Real Estate

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Real Estate

10. Data deceased last workad at this occupation (month and yaar) December 2, 1939

11. Total time (years) spant in this occupation 10 years

12. BIRTHPLACE (city or town) Buffalo (State or country) New York

FATHER

13. NAME John Kingston

14. BIRTHPLACE (city or town) (Stata or country) New York

MOTHER

15. MAIDEN NAME Alice Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Washington Sanitarium & Hospital (Address) Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date Jan. 11, 1940

19. UNDERTAKER James F. Ryan Inc. (Address) 317 Pa. Ave. S.E.

20. FILED 1/11, 1940 J. Holmes Redd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 11 (Month) January 11 (Day), 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1939, to Jan 11, 1940

I last saw her alive on January 11, 1940; daath is said to heve occurrad on the data stated above, at 1 a.m.

The **PRINCIPAL CAUSE OF DEATH** and ralated causas of importance were as follows:

	Date of onset
Carcinoma of Large Bowel	Dec 1-1939
Embolus	Jan 10, 1940

Other **Contributory Causes** of importance:

Nama of operation Re-section of Sigmoid Date of Dec 17-39

What test confirmed diagnosis? Biopsy Was thera an autopsy? No.

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicida? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disaase or injury in any way related to occupation of dacaasad? No

If so, specify

(Signed) George M. Gybbs M. D.

(Address) Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 5 1930 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0786

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County: Montgomery
City or town: Norbeck nr Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Norbeck Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. nr Rockville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Edna Taylor Lancaster

3. (b) Social Security Number

4. Sex: Fem

5. Color or race: A.A.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Lancaster

6(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): 7. 16. 20

8. AGE: Years: 19 | Months: 5 | Days: 26 | If less than one day: hrs. min.

9. Birthplace: Brookville
(Town, county, and state)

10. Usual occupation: housekeeper

11. Industry or business: own home

FATHER
12. Name: Wm. Everett Taylor
13. Birthplace: Va.

MOTHER
14. Maiden name: Grace Lockman
15. Birthplace: Montg. Co. Md.

16. Informant: Grace Taylor
Address: Norbeck

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: Jan 15. 1940
(month) (day) (year)
Cemetery or crematory: Norbeck
Location: Norbeck, Md.

18. Funeral director: Robert L. Lancaster
Address: Rockville Md

19. Jan 15 1940
(Date rec'd by registrar)
Gertrude B. Lawler
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12 1940, at 2:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5, 1935 to Jan. 12, 1940, and that I last saw her alive on January 12, 1940.

	DURATION
Immediate cause of death: Acute Cardiac Failure	
Due to: Surgical shock	
Due to: Begin minor operation to remove Cervical Polyp.	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Delivered 9 3/4 lb. male infant Oct 2, 1939
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Wesley Sewell, M.D.
M.D. or other
Address: Norbeck Md. Date signed: 1-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 7 1940
BUREAU V. S.

0787

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
County Montgo Co.
City or town Emory Grove, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Montgo
City or town Emory Grove Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Isadora Lancaster

3. (b) Social Security Number none

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Abraham Lancaster (deceased) 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1856

8. AGE: Years 84 Months — Days 15 If less than one day hrs. min.

9. Birthplace Emory Grove, Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ? Taylor
13. Birthplace ?

MOTHER
14. Maiden name Martha Mitchell
15. Birthplace Laytonsville, Md

16. Informant Sarah Taylor
Address Gathers Burg Md

17. Bired (Burial, cremation, or removal. Which?) Date thereof Jan 20 1940 (month) (day) (year)
Cemetery or crematory Emery grove Md
Location Gaithers Burg Md

18. Funeral director Robert L. Snouder
Address Rockville Md

19. Jan 20 1940 (Date rec'd by registrar) Alsuda G. Corke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1940 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death Chronic myocarditis Duration: ten years
Coroner Case
Due to Acute cardiac failure. No physician in attendance
Due to
Other conditions
(Include pregnancy within 3 months of death)

DURATION

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Hawks M. D. or other
Address Rockville Md Date signed 1/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 5 1940
BUREAU V. S.

0788

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR yes Spanish american

3. (a) FULL NAME Judge Chas. A. Leddy (Leddy)

3. (b) Social Security Number

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

B (b) Name of husband or wife

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1880

8. AGE: Years 59 Months Days If less than one day hrs. min.

9. Birthplace McKinney, Texas
(Town, county, and state)

10. Usual occupation Attorney

11. Industry or business Fulbright Crooker + Freeman

FATHER
12. Name Owen Leddy
13. Birthplace Ireland

MOTHER
14. Maiden name Sarah Elizabeth Collins
15. Birthplace Blossom, Texas

16. Informant

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 1/14/40 (month) (day) (year)

Cemetery or crematory

Location Washington Dc

18. Funeral director W. W. Chambers Co

Address 1400 Chapin St. NW

19. 1/14/ 1940 (Date rec'd by registrar) Thomas K. Conrad Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1940, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner 19 , to 19 ,
and that I last saw'n alive on Case 19

Immediate cause of death Coronary Thrombosis Died at Columbia Co

Due to Club following a 15 minute talk at same

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE C. E. Hawks M. D. or other

Address Rockville Md Date signed 1/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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RECEIVED
FEB 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92b)

0789

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Near Beallsville - 2 miles
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 11 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maude M Lester

3. (b) Social Security Number

4. Sex: L

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ Edward Lester

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept 6 - 1884

8. AGE: Years 55 | Months 5 | Days 24 | If less than one day ___ hrs. ___ min.

9. Birthplace Tazewell County Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Elbert Addison
13. Birthplace Virginia

MOTHER
14. Maiden name Arvie Duff
15. Birthplace Virginia

16. Informant Edward Lester

Address Dickerson, Md. R.I.D.

17. Burial
(Burial, ~~cremation, or removal~~. Which?)

Date thereof 2/1/40
(month) (day) (year)

Cemetery or crematory Monocacy

Location Beallsville, Md

18. Funeral director William B. Hilton

Address Barnesville, Md.

19. Jan 30 1940
(Date rec'd by registrar)

~~E W White~~
Registrar
Miss C. Hilton

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940, at 11 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 29 1940, to Jan 29 1940, and that I last saw her alive on Jan 29 1940.

Immediate cause of death acute dilated heart & edema of lungs — DURATION 2 hrs

Due to Chronic Myocarditis — 1935

Due to

Other conditions Mitral Insufficiency — 1935

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W White
M. D. or other

Address Poolsville Date signed 1/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
FEB 5 1940
BUREAU V. S.

0790

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (131b)

County Montgomery Registration Dist. No. 213

Village or City Rockville No. Chestnut Lodge Sanitarium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. 5 mos. 9 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Reeve Lewis, Sr. If U. S. Veteran, specify WAR

(a) Residence: No. 1911 R Street, N. W. St., Ward. Washington, D. C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Reeve Lewis, Sr.

6. DATE OF BIRTH (month, day, and year): July 17, 1871

7. AGE: Years 69 | Months 6 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Patent Attorney

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Joseph Coates Lewis

14. BIRTHPLACE (city or town) (State or country): unk

MOTHER

15. MAIDEN NAME: Mary Fulton

16. BIRTHPLACE (city or town) (State or country): unk

17. INFORMANT: Mrs. Reeve Lewis, Sr.

(Address) 1911 R St., N.W. - Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place: Wash, DC Date: 1/18, 1940

19. UNDERTAKER: Joseph Gawlers Sons

(Address) 1756 - Pa ave NW

20. FILED: Jan 18, 1940 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3(1) none

Jan (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1939, to Jan 18, 1940

I last saw him alive on Jan 18, 1940; death is said to have occurred on the date stated above, at 8 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 10 1939
Arteriosclerosis	1936
Arterial Hypertension	1930

Other Contributory Causes of Importance:

Glomerular - Nephritis, Chronic.	1939
Duration: ten to 15 years. O.W.G.R.	

Name of operation: None Date of —

What test confirmed diagnosis? Clinical + Lab Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Robert Illinois M. D.

(Address) Chestnut Lodge, Rockville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 3 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

0791

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Forest Glen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Capitol View Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Forest Glen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Capitol View Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Howard Tilden Lockhart | **3. (b) Social Security Number** None

4. Sex Male | **5. Color or race** White | **6. (a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife Minnie Elizabeth Lockhart
6(c) If alive, give age about 60 years

7. Birth date of deceased (mo., day, yr.) May 14 - 1875

8. AGE: Years 64 | Months 8 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Mountain Falls - Virginia
(Town, county, and state)

10. Usual occupation Contractor

11. Industry or business Own business

FATHER 12. Name Algernon Lockhart
13. Birthplace Virginia

MOTHER 14. Maiden name Mary E. Lawmaker
15. Birthplace Virginia

16. Informant Mrs Chas R. Stevens (daughter)
Address 1802 - Capitol View Ave - Forest Glen md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 18 - 1940 (month) (day) (year)
Cemetery or crematory St. John's Church Cem.
Location Mt. Williams - Virginia

18. Funeral director Wm. Reuben Humphrey
Address Rockville Maryland

19. Jan 17 1940 Margaret C. Tremearne
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1940, at 2:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1939, to 1/16 1940, and that I last saw him alive on 1/12 1940.

	DURATION
Immediate cause of death: Carcinoma of Lungs	2 Mons
Due to: C.A. of Sept Ear	
Primary cancer of ear, cut & R.	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE W. S. Quigley M.D.
M. D. or other
Address Rockville Md — Date signed 1/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0792

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 17 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Sannie Abigail Lomax If U. S. Veteran, specify WAR ____

(a) Residence: No. 1318 4th St. S.W. St., ____ Ward. Washington, D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Frank Lomax

6. DATE OF BIRTH (month, day, and year): April 4, 1868

7. AGE: Years 71 Months 9 Days 15 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Telephone operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Army & Navy

10. Date deceased last worked at this occupation (month and year): July, 1939

11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town) (State or country): Milan, Ohio

FATHER

13. NAME: Henry S. Gibbs

14. BIRTHPLACE (city or town) (State or country): Milan, Ohio

MOTHER

15. MAIDEN NAME: Ella Everett

16. BIRTHPLACE (city or town) (State or country): Huron, Ohio

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place: Washington DC, Date: Jan 29, 1940

19. UNDERTAKER (Address): J. M. Lee & Sons 300 - 4th St N.E.

20. FILED Jan. 29, 1940 J. Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 29th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1940, to January 29, 1940

I last saw her alive on Jan 28, 1940; death is said to have occurred on the date stated above, at 9:07 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1938

Other Contributory Causes of importence:

Name of operation: None Date of ____

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) George M. Gibbs M. D.

(Address) Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0793

1. PLACE OF DEATH

County of Montgomery Registration Dist. No. 223

Village or City Takoma Park Maryland No. Washington San & Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 2 mos. 24 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Loomis - Mc Atan If U. S. Veteran, specify WAR

(a) Residence: No. 6432 Barnaby St. St., Ward. Chevy Chase Maryland

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: American

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Loomis - Bertha Mae Colegrove

6. DATE OF BIRTH (month, day, and year): April 14 - 1876

7. AGE: Years 63 Months 8 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Secretary

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Trade Association

10. Date deceased last worked at this occupation (month and year): 11-10-39

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Chautauqua County New York

FATHER

13. NAME: Loomis - Mr Melvin

14. BIRTHPLACE (city or town) (State or country): Chautauqua New York

MOTHER

15. MAIDEN NAME: Mathewson - Mary Ann

16. BIRTHPLACE (city or town) (State or country): Chautauqua New York

17. INFORMANT (Address): Washington Sanitarium & Hosp. Takoma Park - Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place: Wash. D.C. Date: 1/3, 1940

19. UNDERTAKER (Address): S. H. Hines Co. 2901-14th St. N.W. D.C.

20. FILED: 1/3, 1940 J. Thomas Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) - 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 3 pm in.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum, Metastases to liver & lymph nodes	?

Other Contributory Causes of importance: Urinary obstruction due to growth 1 yr

Name of operation: Removal of growth Date of 1934

What test confirmed diagnosis? biopsy Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following: 0

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify

(Signed) Chas. H. Holohan M. D.

(Address) Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1 (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (922)

0794

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Poolesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County monty

City or town Poolesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George W. Luhn

3. (b) Social Security Number —

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: Amelia M. Luhn

6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): June 26-1864

8. AGE: Years: 75 | Months: 6 | Days: 11 | If less than one day: hrs. min.

9. Birthplace: Clarksburg, Montg. Co. Md
(Town, county, and state)

10. Usual occupation: Painter

11. Industry or business

FATHER 12. Name: George C. Luhn

13. Birthplace: Germany

MOTHER 14. Maiden name: Elizabeth Sellman

15. Birthplace: Germany

16. Informant: Mrs George Luhn

Address: Poolesville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/27/40 (month) (day) (year)

Cemetery or crematory: Monocacy

Location: Beallsville, Maryland

18. Funeral director: William B. Hilton

Address: Barnesville, Maryland

19. June 25 1940 (Date rec'd by registrar) E. W. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 24 1940, at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 23 1940, to Jan 24 1940, and that I last saw him alive on Jan 24 1940

	DURATION
Immediate cause of death: acute myocarditis	2 days
Due to: Mitral insufficiency	3 yrs
Due to:	
Other conditions: arterial sclerosis	3 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. W. White M. D. or other

Address Poolesville Date signed 1/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0795

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Brookville Town
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 17 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rural near Brookville Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Lamnia Lyons

3. (b) Social Security Number: no

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: no

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Jan 30 1922

8. AGE: Years: 17 | Months: 0 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: Montgomery Md.
(Town, county, and state)

10. Usual occupation: Home

11. Industry or business: Home

FATHER 12. Name: Chas Lyons

FATHER 13. Birthplace: Montgomery Co Md

MOTHER 14. Maiden name: Alice Diggs

MOTHER 15. Birthplace: Montgomery Co Md

16. Informant: Alice Lyons

Address: Brookville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jany 28 1940
(month) (day) (year)

Cemetery or crematory: Mt Zion Md

Location: Near Brookville Md

18. Funeral director: Roy W. Barber

Address: Laytonsville Md

19. Jan 27 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 26 — 1940, at 5:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 — 1939, to Jan 26 — 1940 and that I last saw h alive on Jan 21 — 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 months

Due to: Influenza &

Due to: Lobar Pneumonia — DURATION: 2 wks

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: no —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Chas S. Emmerson M. D.

Address: Sandy Spring Md Date signed: 1-29-40

RECEIVED
FEB 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 127-a

CERTIFICATE OF DEATH

0796

Reg. Dist. No. 17

1. PLACE OF DEATH:

County Montgomery Co.

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marie Turner Mathews.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: William Mathews

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 5, 1940

8. AGE: Years 35 | Months 9 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace: Gaithersburg, Montg. Co, Maryland
(Town, county, and state)

10. Usual occupation: Maid.

11. Industry or business: /

FATHER
12. Name: John Turner
13. Birthplace: Virginia

MOTHER
14. Maiden name: Susie Chase
15. Birthplace: Gaithersburg, Maryland.

16. Informant: Hospital Records.

Address

17. Buried
(Burial, cremation, or removal. Which?)

Date thereof Jan 8, 1940
(month) (day) (year)

Cemetery or crematory: Brooke Grove

Location: Laytonsville, Md

16. Funeral director: Robert L. Snowden

Address: 246 - N. 10th St Rockville Md

19. Jan 7 1940 Gertrude B Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 9 25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 26 1939, to January 5 1940, and that I last saw her alive on January 5 1940.

Immediate cause of death: Cardiac dilatation

Due to: asthma, chronic

Due to: cholecystitis, chronic myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Cholecystectomy

Of autopsy

DURATION: 1 day.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. ~~or other~~

Address Sandy Spring, Md. Date signed 1/5/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 7 1940
BUREAU V. S.

0797

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-C

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. ~~227 Maple~~ St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Lillian Meade. If U. S. Veteran, specify WAR

(a) Residence: No. 227 Maple Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Living Pl.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/4/1855

7. AGE Years 84 Months 4 Days 9 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Dressmaker.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fennet N.Y. (State or country)

FATHER

13. NAME Irving Meade

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT E. Donald Preston (Address) 10 Holly Rd Cheverly Md

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Washington D.C. Date , 19

19. UNDERTAKER The S. H. Hines Co (Address) 2901 - 14th St. N.W.

20. FILED Jan. 14th, 1940 J. Hilton Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) / 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938, to 1/13/, 1940

I last saw her alive on 1/13/, 1940; death is said to have occurred on the date stated above, at 9 40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr Nephritis with Uremia.	12/7/39

Other ~~Contributory~~ Causes of Importance:

Thrombosis of Ortiliac Vein	2 days.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard T. Moore M.D.

(Address) 28 Carroll Ave Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 6 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0798

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (83-a)

County Monty. Registration Dist. No. 218

Village or City Gaithersburg (No. outside) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurrad ...yrs...mos...ds. How long in U. S. if of foreign birth? ...yrs...mos...ds.

2. FULL NAME James S. Mills

(a) Residence: No. Gaithersburg. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
Male	White	married.

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Sarah Alice Mills.

6. DATE OF BIRTH (month, day, and yaar) Oct 18, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
92	3	9	

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total tima (yaars) spant in this occupation

12. BIRTHPLACE (city or town) Fredrick Co. (State or country) Md.

FATHER

13. NAME John Mills

14. BIRTHPLACE (city or town) Md (Stata or country)

MOTHER

15. MAIDEN NAME ? Powles

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Eugene Mills. (Address) Gaithersburg Md.

18. BURIAL, CREMATION, OR REMOVAL Place Forest Oak Gaithersburg Date 1/29, 1940

19. UNDERTAKER Wm Reuben Pumphrey. (Address) Rockville Md.

20. FILED Jan 27, 1940 Averda L. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended dacaased from Jan 23, 1940, to Jan 27, 1940

I last saw h... alive on Jan 23, 1940; death is said to hava occurrad on the data stated abova, at 7:25 A. m.

The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-23-40
Other Contributory Causes of importance:	
hypertension	1937

Name of oparation ... Data of ...

What tast confirmed diagnosis? ... Was there an autopsy? ...

23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? ... Date of injury ..., 19...

Whera did injury occur? ... (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Natura of injury ...

24. Was diseasa or injury in any way related to occupation of decaasad? ...

If so, spacify ...

(Signad) J. H. Brouchard M. D.

(Addrass) Gaithersburg Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 5 1929 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0799

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Montgomery
City or town Chevy Chase
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 119-Primrose St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Talula Timmerman Mounce
3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Clarence R Mounce
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 27-1864
8. AGE: Years 75 Months 4 Days 1 If less than one day hrs. min.
9. Birthplace Brothersville, South Carolina
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Wm. T. Timmerman
13. Birthplace South Carolina
MOTHER 14. Maiden name Martha ?
15. Birthplace South Carolina
16. Informant Mrs. Florence Challice.
Address 119-Primrose St. C.C. Md.
17. Burial Date thereof 12-30-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory City Cemetery
Location Augusta Georgia
18. Funeral director The S. H. Hines Co
Address 2901-14th St. N.W.
19. Jan 28 - 1940. Thomas K. Howard
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1940, at 10:54 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan. 28 1940, and that I last saw her alive on Jan. 28 1940.
Immediate cause of death Cerebral Hemorrhage
DURATION 8 days
Due to Gen. Arterio-Sclerosis
Due to
Other conditions Uraemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Sidney C. Cousins M. D. ~~or other~~
Address 3921 Ingomar St. Date signed 1/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
FEB 3 1940
BUREAU V. S.

RECEIVED
FEB 3 1940
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

0800

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
County Montgomery
City or town Montrovia, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Monrovia, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mrs. Minnie E Mullican

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George W. Mullican
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1877

8. AGE:

Years	Months	Days	If less than one day
63	7	21	hrs. min.

9. Birthplace Hunting Hill, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Erasmus West
13. Birthplace Maryland

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Spencer Mullican
Address Silver Spring, Md. R.F.D. #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 10 1940 (month) (day) (year)

Cemetery or crematory Forest Oak Cemetery
Location Gaithersburg, Maryland

18. Funeral director Wm. Reuben Pumphrey
Address 7005 Wisconsin Ave., Bethesda, Md.

19. 1-9 1940 Faye Barnesley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1940, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 8 1939, to Jan 8 1940, and that I last saw her alive on Jan 7 1940.

Immediate cause of death Carcinoma of the Liver — DURATION: 2 weeks

Due to — DURATION:

Due to — DURATION:

Other conditions — DURATION:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M. Boyer, M.D.
M. D. or other
Address Damascus, Md. Date signed 1-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

0801

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (126)

County Montgomery Registration Dist. No. 213

Village or City Quince Orchard No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 2 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marguretta Norwood formerly at Damascus If U. S. Veteran, specify WAR NO (3B. S. S. N. none)

(a) Residence: No. Quince Orchard R.F.D. St. Ward. Gaithersburg

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bradley J. Norwood

6. DATE OF BIRTH (month, day, and year): March 5, 1866.

7. AGE: Years 73 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: Life.

12. BIRTHPLACE (city or town) (State or country): Gaithersburg

FATHER

13. NAME: Edward Trail
14. BIRTHPLACE (city or town) (State or country): Gaithersburg Maryland

MOTHER

15. MAIDEN NAME: Mary Wells
16. BIRTHPLACE (city or town) (State or country): Annapolis? Maryland.

17. INFORMANT (Address): William H. Norwood (son) Gaithersburg RFD #3

18. BURIAL, CREMATION, OR REMOVAL Place: Monocacy - Beallsville Date: Jan 5 1940

19. UNDERTAKER (Address): Dm. Reuben Humphrey Rockville - Md

20. FILED: Jan 3 1940 Faye C. Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 2 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1940, to Jan 3, 1940.

I last saw her alive on Jan 2, 1940; death is said to have occurred on the date stated above, at 2:15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Obstructive Jaundice	12/39
Chronic	
Cholelithiasis	1930?

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William Welsh M. D.

(Address) Rockville.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 3 1940 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-7)

CERTIFICATE OF DEATH

0802

Reg. Dist. No.

1. PLACE OF DEATH:

County Montg

City or town Rural near Dickerson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 78 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant give residence of mother)

State Maryland County Montgomery

City or town Dickerson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rfd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Augusta Onley

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1852 ?

8. AGE: Years 78 ? | Months | Days | If less than one day hrs. min.

9. Birthplace near Poolesville Montg. Co (Town, county, and state)

10. Usual occupation House Maid

11. Industry or business

FATHER 12. Name William Onley

13. Birthplace Montg Co

MOTHER 14. Maiden name Mary Hill

15. Birthplace Montg Co

16. Informant Florence Onley

Address Dickerson Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 27 1940 (month) (day) (year)

Cemetery or crematory Mt Zion md

Location near Gellman

18. Funeral director Clarence H. Davis

Address Poolesville Md

19. Jan. 26 1940 (Date rec'd by registrar) Mrs. C. C. Hilton Registrar By Mrs C.C.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH January - 24 - 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June - 1938, to Jan - 24 - 1940, and that I last saw h[illegible] alive on Jan - 24 - 1940

Immediate cause of death Cancer of Uterus — DURATION 1 year

Due to

Due to

Other conditions Blind due to glaucoma

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. C. Miller, M.D. M. D. or other

Address Gaithersburg, Md Date signed 1/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0803

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (93rd)

County Montgomery Registration Dist. No. 217

Village or City Silver Spring No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbert Peirce If U. S. Veteran, specify WAR

(a) Residence: No. Silver Spring St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Peirce

6. DATE OF BIRTH (month, day, and year) July 16, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) Jan 1 1935 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Cloverly (State or country) Maryland

FATHER

13. NAME Powell C. Peirce

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Tucker

16. BIRTHPLACE (city or town) Edmonston (State or country) Maryland

17. INFORMANT Mrs. Clarence Price (Address) Silver Spring, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Burtonsville, Md. Union Cem. Date June 3, 1940

19. UNDERTAKER Warner E. Pumphrey (Address) Silver Spring, Md.

20. FILED Jan. 2, 1940 Gertrude B. Lawler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 — 1 — 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12/20/39 to 1/1/40

I last saw him alive on 12/31/39; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/29/39
Other Contributory Causes of Importance:	
Chronic Myocarditis	?

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Sandy Spring Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0804

1. PLACE OF DEATH

County Montgomery — Registration Dist. No. 223

Village or City Takoma Park Md — No. Washington San. + Hospital — St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs Mary Elizabeth Phillips — If U. S. Veteran, specify WAR ____

(a) Residence: No. 213 W. Clifton Terrace — St. — Ward Washington. D.C.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas N. Phillips

6. DATE OF BIRTH (month, day, and year): October 28-1869

7. AGE: Years 70 — Months 3 — Days — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home
10. Date deceased last worked at this occupation (month and year): Aug 1929
11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town) (State or country): Harrisonburg, Virginia

FATHER

13. NAME: Gideon Sheiry
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ella Slater
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Wash. San. - Hosp. Records, Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Arlington Nat. Cem. Date 2/1, 1940

19. UNDERTAKER (Address): S. H. Hines Co, 2901 - 14 St. N.W.

20. FILED Jan 28, 1940 J. Wilm. Dodd, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 28th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to Jan 28, 1940

I last saw her alive on Jan 28, 1940; death is said to have occurred on the date stated above, at 4 05 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Art Sclerosis	1935
Hypostatic Pneumonia	1939
Cystitis	1939

Other Contributary Causes of Importance:

Name of operation: None — Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) George McGillis M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-E)

CERTIFICATE OF DEATH

0805

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Bethesda

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: #7 East Cedar Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Bethesda Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. #7 East Cedar Lane

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Chellie A. Reeside

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Denison Reeside

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 22, 1854

8. AGE: Years	Months	Days	If less than one day
85	3	1	hrs. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Dr. Smith Armor

13. Birthplace Delaware

MOTHER 14. Maiden name Sarah Wright Martin

15. Birthplace Penna.

16. Informant Son

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 25, 1940 (month) (day) (year)

Cemetery or crematory Oak Hill Cemetery

Location Washington, D.C.

18. Funeral director The S. E. Hines Co.

Address 2901 14th St. N.W. Wash. D.C.

19. Jan. 23 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23, 1940, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 22, 1939, to Jan. 23, 1940, and that I last saw h[illegible] alive on Jan. 20, 1940.

	DURATION
Immediate cause of death Cerebral Thrombosis	2 mos.
Due to	
Due to	
Other conditions Chronic cystopyelitis	about 2 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. Stephen Hulbert, M.D. M. D. or other

Address 3000 Pent. Al. N.W. Washington, D.C. Date signed Jan. 23, 1940

RECEIVED
FEB 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (124E)

0806

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Montgomery
City or town Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 303 Bradley Boul.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 303 Bradley Boul.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Not a War Veteran

3. (a) FULL NAME Francis E. Richards,

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Laurena C. Richards
--- 6(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) July 22, 1870

8. AGE: Years 69 | Months 5 | Days 26 | If less than one day ___ hrs. ___ min.

9. Birthplace D.C. (Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Thomas A. Richards
13. Birthplace D.C.

MOTHER
14. Maiden name Sarah C. Richards
15. Birthplace Md.

16. Informant Erma G. Schlosser
Address Bethesda, Md.

17. removal (Burial, cremation, or removal. Which?) Date thereof Jan. 18, 1940 (month) (day) (year)
Cemetery or crematory Congressional Cemetery, 17th & Reeve ave
Location Washington, D.C. S.E.
18. Funeral director The S.H. Hines Co.,
Address 2901-14th., St., N.W.

19. Jan. 18th 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 1939, to Jan 18 1940, and that I last saw him alive on Jan 17th 1940.

Immediate cause of death
Bronchiectasis
Hypotrophic Cirrhosis of Liver

DURATION
54 days
unknown

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Alfred Richards M. D. or other
Address The Seward, Seward sq. Wash. D.C. Date signed Jan 18 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JAN 26 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

0807

Reg. Diat. No. 813

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Rural Near Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Rural near Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R. F. D. Rockville
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Nelson Hezekiah Robertson

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Mary R. Robertson
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept 29 - 1849

8. AGE:

Years	Months	Days	If less than one day
90	4	2	____ hrs. ____ min.

9. Birthplace: Near Rockville - Maryland (Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business: Own Farmer
FATHER
12. Name: Nelson T. Robertson
13. Birthplace: Washington D.C.
MOTHER
14. Maiden name: Sophia Veirs
15. Birthplace: Rockville - Maryland
16. Informant: C. H. Robertson (Son)
Address: Rockville - Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 2nd 1940 (month) (day) (year)
Cemetery or crematory: Rockville Union
Location: Near Rockville
18. Funeral director: Wm. Reuben Dunnington
Address: Rockville - Maryland
19. Feb. 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 31 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 24 1940, to Jan. 31 1940, and that I last saw him alive on Jan. 31 1940.

Immediate cause of death	DURATION
Senile myocarditis	10 yrs.
Due to	
Due to	
Other conditions: Bronchitis	1 week

(Include pregnancy within 3 months of death)

Major findings:
Dt operations: none
Dt autopsy: none.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Wm. H. Smithwick, M.D.
M. D. or other
Address: Rockville, Md. Date signed: Jan. 31/40

RECEIVED
MAR 5 1940
BUREAU V. S.

0808

STATE OF MARYLAND—CERTIFICATE OF DEATH

(97)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME MARTHA EMMA ROSENBERGER If U. S. Veteran, specify WAR

(a) Residence: No. 501 - TULIP AVE St., Ward. T

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harvey J. Rosenberger

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1847.

7. AGE Years 92 Months 3 Days 5 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Ruben Zirple

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jane Alephire

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mrs. Elizabeth Gottwals (Address) 501 Tulip Ave. Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D.C. Date Jan 15, 1940

19. UNDERTAKER J. Arthur Walters (Address) 254 Carroll St. Takoma Park, D.C.

20. FILED 1/13, 1940 [signature] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 13, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1939, to Jan. 13, 1940.

I last saw her alive on Jan. 13, 1940, death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-sclerosis

senility

Date of onset: Indefinite

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature] M. D.

(Address) 6911 5th St. Nw. Wash. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0809

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Mont. Co.
City or town: Norbeck
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: — County: —
City or town: Washington D.C. Ward No.: —
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Hannah A. Rothwell

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	W	widowed

6 (b) Name of husband or ~~wife~~: Richard Rothwell
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec 24th -

8. AGE:

Years	Months	Days	If less than one day
84	0	27	— hrs. — min.

9. Birthplace: Wash. D.C.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: own home

FATHER
12. Name: Geo L. Arnold
13. Birthplace: unknown Wash. D.C.

MOTHER
14. Maiden name: unknown
15. Birthplace: Wash. D.C.

16. Informant: Mrs. L. E. Beach
Address: Norbeck Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Jan 21, 40 (month) (day) (year)
Cemetery or crematory: Congressional
Location: Washington, D.C.

18. Funeral director: W. W. Chambers Co.
Address: 1400 Chapin St. N.W.

19. Jan 21 1940 (Date rec'd by registrar) Gertrude B. Fowler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 21 — 1940, at 9:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17 — 1940, to Jan 21 1940, and that I last saw h-r alive on Jan 20 — 1940.

Immediate cause of death	DURATION
Broncho Pneumonia	3 days
Due to Influenza	5 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Chas. E. Simpson M. D. or other
Address: Sandy Spring Md Date signed 1/21/40

RECEIVED
FEB 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

0810

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
County Montgomery
City or town Rockville Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Montgo.
City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret E Scott

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband ~~or wife~~ Charles Scott
6(c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) Nov. 6. 1905

8. AGE: Years 34 | Months 1 | Days 28 | If less than one day ___ hrs. ___ min.

9. Birthplace Federick County (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Noah Millberry
13. Birthplace Federick County
MOTHER 14. Maiden name Mary Hallman
15. Birthplace Federick Co.
16. Informant Ruth Pollins
Address Rockville Md.
17. Buried (Burial, cremation, or removal, Which?) Date thereof Jan 5, 1940 (month) (day) (year)
Cemetery or crematory Bells Chapel
Location Federick County
18. Funeral director Robert L. Snowden
Address 246 - N. Wash. St, Rockville Md.
19. Jan 4 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1940, at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.
Immediate cause of death Coroner Case. Acute Cardiac failure
Due to
Due to Chronic myocarditis. ewG.R. Duration: four years.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE C. E. Hawks M. D. or other
Address Rockville Md Date signed 1/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 3 1940
BUREAU V. S.

0811

STATE OF MARYLAND—CERTIFICATE OF DEATH

(190)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Seals

(a) Residence: No. Rogers Rd Bethesda St., Ward. Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank Seals

6. DATE OF BIRTH (month, day, and year) March 15 1884

7. AGE Years 56 ? Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chevy chase Md.

FATHER

13. NAME Wm Davis

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Frank Seals Rwn Rd - Bethesda Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Washington D.C. Date Jan. 1940

19. UNDERTAKER (Address) Ridgely & Hicks 2936 Al. St. N.W. Wash. B.C. Perry Md.

20. FILED 1-22, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw her alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Coronary Case

Acute Cardiac failure. Found dead by husband.

Chronic myocarditis. Duration: ten years.

Other Contributory Causes of importance:

Exposure to cold. cold.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M.D.

(Address) [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-2)

0812

CERTIFICATE OF DEATH

Reg. Diat. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Washington Grove, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1310 Grace Church Rd., Woodside
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Hazel Eugenia Seitz

3. (b) Social Security Number: 577-01-5409

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Lawrence Milton Seitz

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 16, 1888

8. AGE: Years: 50 | Months: 10 | Days: 15 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Brooklyn, N. Y.
(Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: Department Store

FATHER 12. Name: Charles Payne Sloat

FATHER 13. Birthplace: N. Y.

MOTHER 14. Maiden name: Fredrica Wessells

MOTHER 15. Birthplace: N. Y.

16. Informant: Lawrence Milton Seitz

Address: 1310 Grace Church Rd., Woodside Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 4, 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Mt. Olivet

Location: Washington, D. C.

18. Funeral director: Warner E. Pumphrey

Address: Silver Spring, Md.

19. Jan 2 1940 (Date rec'd by registrar) E. E. Dudley (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 1 1940, at 11:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1939, to June 1 1940, and that I last saw h[er] alive on Jan. 1, 1940.

Immediate cause of death	DURATION
Carcinoma of abdomen	11 mos.
Due to Generalized carcinomatosis of abdomen and pelvis. Adeno-carcinomal Primary	
Due to Origin: Unknown. C.W.S.R.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Mass - Biopsy
findings - Adeno-carcinoma
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Paul A. Taylor M. D.
M. D. or other

Address: 2140 Penna. Ave. N.W. Wash. D.C. Date signed 1-1-40

RECEIVED
JAN 10 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

0813

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Dist #7 Chevy Chase

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Montgomery County Maryland

City or town Dist #7 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7400 - Custer Road.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Katherine Seward

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife T. Frank Seward.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan - 8 - 1859

8. AGE: Years	Months	Days	If less than one day
80	11	25	____ hrs. ____ min.

9. Birthplace Centreville, Maryland (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Henry Milby

13. Birthplace Centreville, Maryland

MOTHER 14. Maiden name ? Wright

15. Birthplace Virginia

16. Informant Vere H. Seward.

Address 7400 - Custer Road.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Jan. 4 - 1940 (month) (day) (year)

Cemetery or crematory Chesterfield Cemetery

Location Centreville Maryland

18. Funeral director The C. H. Harris Co.

Address 2901 - 14th St. N.W. D.C.

19. Jan 2, 1940 (Date rec'd by registrar) Thomas F. Conrad Registrar

MEDICAL CERTIFICATION 1940

20. DATE OF DEATH January 2 1940, at 6:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 5 1939, to Janu. 2 1940, and that I last saw h[illegible] alive on Janu. 12 1940.

	DURATION
Immediate cause of death Dehydration, due to the fact	
that for months she refused drinking water	
Due to Senility	
Due to Chronic myocarditis. Cause	
Duration: Many years.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. A. A. Dunn, M. D. or other

Address Bethesda Md. Date signed Jan. 2-40

RECEIVED
FEB 9 1946
MUNCAU, V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B3-a)

CERTIFICATE OF DEATH

0814

Reg. Dist. No. 21-6

1. PLACE OF DEATH:

County Montgomery

City or town Near---Dickerson---3 miles
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 69 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Charles E. Shreve

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Maude Shreve

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12-1870

8. AGE:

Years	Months	Days	If less than one day
69	8	19	hrs. min.

9. Birthplace Dickerson, Montg. Co. Md
(Town, County, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles W. Shreve
13. Birthplace Maryland

MOTHER
14. Maiden name Annie Jones
15. Birthplace Maryland

16. Informant Grafton Shreve
Address 3828 Beecher St. N.W. Wash. D.C.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 2/3/40
(month) (day) (year)

Cemetery or crematory St. Marys

Location Barnesville, Maryland

18. Funeral director William B. Hilton

Address Barnesville, Maryland

19. Jan 31 1940 E W White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 1150 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1940, to Jan 31 1940, and that I last saw him alive on Jan 31 1940.

	DURATION
Immediate cause of death Cardiac Hemorrhage	2 hrs
Due to Interstitial Fibrosis	11 yrs
Due to	
Other conditions Apoplexy about	1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other
Address Cockeysville Date signed 1/31/40

RECEIVED
FEB 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

0815

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery County

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) /

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington Ward No. /
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 142 Frederick st.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Shirley Mae Smith

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 22, 1933

8. AGE: Years 6 | Months 6 | Days 22 | If less than one day ___ hrs. ___ min.

9. Birthplace Montg. Hills, Montg. Co. Md.
(Town, county, and state)

10. Usual occupation School girl

11. Industry or business

FATHER
12. Name Mr. Buren Eli Smith
13. Birthplace Birmingham, Alabama

MOTHER
14. Maiden name Ella Mae Raynor
15. Birthplace Chevy Chase, Md.

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 16, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Colesville Church

Location Colesville, Md.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Jan 15 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 1:06 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/13/ 1940, to 1/14/ 1940, and that I last saw her alive on 1/14/ 1940.

Immediate cause of death General Peritonitis — DURATION 2 days

Due to acute Gangrenous Perforation Appendicitis — 4 days

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations Ruptured Appendix Gen Peritonitis

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. of ~~other~~

Address Sandy Spring Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0816

1. PLACE OF DEATH (93-d) S.S. No. NONE

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. 6 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mrs. Cathryn Solari If U. S. Veteran, specify WAR

(a) Residence: No. Allstakes Hotel, 514-19th St. N.W. St., N.W. Ward. Washington, D.C. ✓

(Usual place of abode) ~~Washington, D.C.~~ If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luigi Solari

6. DATE OF BIRTH (month, day, and year) April 5, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	70	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 12 years

11. Total time (years) spent in this occupation About 30 yrs.

12. BIRTHPLACE (city or town) (State or country) St. Johnsbury, Vermont U.S.A.

FATHER

13. NAME George Knoles

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Washington Sanitarium Records Takoma Park, Md.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Washington D.C. Date Jan 27, 1940

19. UNDERTAKER (Address) Almon R. Speare 3034 M. St. N.W. Wash. D.C.

20. FILED Jan 27, 1940 J. Wheatley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1940, to January 27, 1940

I last saw her alive on January 27, 1940; death is said to have occurred on the date stated above, at 7:20 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Arteriosclerotic heart disease & myocardial fibrosis	

Other Contributory Causes of importance:

Myocardial failure

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: 0

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 5 1928 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

0817

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:
County Montgomery Co.
City or town Kensington, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Stewart.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Sophia Stewart.
deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) slavery Time no record.

8. AGE:

Years	Months	Days	If less than one day
91			hrs. min.

9. Birthplace Culpeper, Va.
(Town, County and state)
10. Usual occupation Labored
11. Industry or business

FATHER
12. Name ✓
13. Birthplace ✓

MOTHER
14. Maiden name ✓
15. Birthplace ✓

16. Informant Edward Stewart, Jr.,
Address Kensington, Md.

17. Buried Date thereof Feb. 4, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Linden
Location Linden, Md.

18. Funeral director Robert L. Snowden
Address Rockville, Md.

19. Feb 3 1940. Margaret C. Tremeane
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1940, at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 28, 1933, to January 31 1940, and that I last saw h alive on January 31 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to Arteriosclerosis	
Chronic Myocarditis	
Due to Arthritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Webster Sewell, M.D.
M. D. or other
Address Norbeck Date signed 2-1-40

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FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0818

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hosp. Inc

Stay in hospital or inst. (yrs., or mos., or days) 15 days

Stay in this community (yrs., or mos., or days) ~~Life~~ 15 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Goshen Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Janith Elizabeth Stewart

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 13, 1939

8. AGE: Years	Months	Days	If less than one day
0	10	2	— hrs. — min.

9. Birthplace Gaithersburg, Montg. Co. Maryland (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name Moses Stewart

13. Birthplace Gaithersburg, Montg. Co. Maryland

MOTHER

14. Maiden name Mary Turner

15. Birthplace Boyds, Montg. Co. Maryland

16. Informant Hospital Records

Address Olney, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Jan 18, 1940 (month) (day) (year)

Cemetery or crematory Boyds.

Location Boyds, Maryland.

18. Funeral director Robert L. Snowden

Address 246-N. U.S. 29 St. Rockville

19. Jan 17 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1940, at 5:55 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15 1940, to January 15 1940, and that I last saw h[illegible] alive on January 15 1940.

	DURATION
Immediate cause of death: Pneumococcic Meningitis	unknown
Due to: Lobar Pneumonia	
Due to: Type 14	unknown
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — — — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE Chas. E. Tomlinson M.D. M. D. or Coroner

Address Sandy Spring, Md Date signed 1/

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FEB 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (467)

0819

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Rockville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 525 - West Mouly Ave
Stay in hospital or insf. (yrs., or mos., or days) 2
Stay in this community (yrs., or mos., or days) 10 yrs - Rockville 36 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rockville Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. 525 W. Mouly Ave (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Spanish American

3. (a) FULL NAME Harry (Henry) E. Stralmeyer

3. (b) Social Security Number No

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Charlotte L. Davis Stralmeyer
6(c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) October 29 - 1873
8. AGE: Years 66 Months 2 Days 21 If less than one day ____hrs. ____min.
9. Birthplace Baltimore - Maryland (Town, county, and state)
10. Usual occupation Watch maker
11. Industry or business Own Business
FATHER 12. Name John R. Stralmeyer
FATHER 13. Birthplace Maryland
MOTHER 14. Maiden name Hardisth Kroh
MOTHER 15. Birthplace Baltimore - Maryland
16. Informant Mrs. Harry E. Stralmeyer
Address 525 - W. Mouly Ave - Rockville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22 1940 (month) (day) (year)
Cemetery or crematory Arling Lawn Memorial Gardens
Location Virginia
18. Funeral director Wm. Reuben Humphreys
Address Rockville - Maryland
19. Jan 21 1940 (Date rec'd by registrar) T. Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 8 a.m. P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/25 1921, to Jan 19 1940 and that I last saw him alive on Jan 19 1940.

Immediate cause of death Carcinoma of Stomach — DURATION
Due to
Due to
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Hawks M.D. M. D. or other
Address Rockville Md Date signed 1/19/40

JAN 24 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0820

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH

County Montgo Co.

City or town Rockville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgo.

City or town Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Strickland.

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Wyatte Strickland

Deceased 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 9, 1870

8. AGE: Years 69 | Months 7 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace: Macktouch. Ga. (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER

12. Name: Silas Daniels

13. Birthplace: Macktouch. Ga.

MOTHER

14. Maiden name: Jane Snelson

15. Birthplace: Macktouch Ga.

16. Informant: Willie Henderson Jones.

Address: Rockville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 2. 1940 (month) (day) (year)

Cemetery or crematory: Lincoln Park Cemetery

Location: Rockville, Md.

18. Funeral director: Robert L. Snowden

Address: Rockville Md.

19. Feb 2 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Coloner Case Cerebral hemorrhage

Due to: Found dead in bed last seen above about 11 P.M. Jan 29 - 40

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE C. E. Hawks M. D. or other

Deputy Medical Mont

Address Rockville Md Date signed 2/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

0821

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-e)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution 6301 Oakridge Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No. 7

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6301 Oakridge Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret O'Leary Swain

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow.

6 (b) Name of husband or wife Samuel G. Swain

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 12, 1859.

8. AGE: Years 80 Months 4. Days 7 If less than one day hrs. min.

9. Birthplace Washington, D. C.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Michael O'Leary

13. Birthplace Ireland

MOTHER 14. Maiden name Bridget Welsh

15. Birthplace Ireland

16. Informant Joseph F. Swain

Address 6301 Oakridge Ave. Ch. Ch. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/23/1940 (month) (day) (year)

Cemetery or crematory Mount Olivet

Location Washington, D. C.

18. Funeral director Harold J. Taltavull

Address 436-7th St SW Wash DC

19. Jan 21 1940 (Date rec'd by registrar) Thomas K. Conway Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 11:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/19/40 19 to 1/19/40 19

and that I last saw her alive on 1/19/40 19

Immediate cause of death Myocarditis

DURATION 10 da

Due to

Due to

Other conditions Cardiac asthma.

(Include pregnancy within 3 months of death)

3

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. McKeeffe M. D. or other

Address 4501-13-nw. Date signed 1/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Conrad
5904 - Cass Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-0)

CERTIFICATE OF DEATH

0822

Reg. Dist. No. 2 1 7

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
The Montgomery County General Hospital Inc

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Glenmont
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard Tinsley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	unknown

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown.

8. AGE: Years ?-85 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Westmoreland Co. Virginia
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm -

FATHER 12. Name Bob Tinsley

FATHER 13. Birthplace WESTMOLING Co Va.

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace

16. Informant Hospital Records.

Address

17. Buried (Burial, cremation, or removal. Which?) Date thereof Jan 7, 1940 (month) (day) (year)

Cemetery or crematory Norbeck Md

Location Norbeck, Md.

18. Funeral director Robert F. Snowden

Address 246 N. Washington St. Rockville

19. Jan 7 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 31 1939, to January 5 1940, and that I last saw him alive on January 5 1940.

	DURATION
Immediate cause of death Uraemia	2 days
Due to Hypertrophied Prostate	
Due to Urinary Retention	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cystotomy

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring, Md. Date signed 1/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

0823

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
County Montgomery
City or town Travilah. (Rural near)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 91 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Travilah (Rural near) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R F D # 3. Gaithersburg
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Florence Victoria Trevey.
3. (b) Social Security Number none

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Jacob. C. Trevey. (Deceased)
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb 25th 1884

8. AGE: Years 91 Months 10 Days 13 If less than one day — hrs. — min.

9. Birthplace Travilah. Montg Co. Md (Town, county, and state)
10. Usual occupation Homemaker.
11. Industry or business Housekeeping
FATHER 12. Name Madison Harris
13. Birthplace Montg. Co. Md.
MOTHER 14. Maiden name Ann. Granger
15. Birthplace Montg Co Md.
16. Informant Byron Trevey
Address Rockville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1st (month) 10th (day) 1940 (year)
Cemetery ~~or crematory~~ Darnestown Prebyst Church
Location Darnestown Md
18. Funeral director Wm Rubin Pumphrey
Address Rockville Md
19. Jan 9 1940 (Date rec'd by registrar) Upton D. Nourse M.D. by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8th 1940, at 12 05 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13th 1939, to Jan 8th 1940, and that I last saw her alive on Jan 7th 1940.
Immediate cause of death Acute myocarditis myocardial decompensation — DURATION 5 da
Due to Fracture of Hip. Fracture neck of Femur.
Due to Accidental Fall.
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Accidental Fall Date of Dec 12th/40
Where did injury occur? At home (City or town) Travilah (County) Montg Co Md (State)
Injured at home, farm, industry, public place (where?) At Home.
Means of injury Fell stepping from chair to bed Injured at work? no

23. SIGNATURE Upton D. Nourse M.D. M. D. or other
Address Dawsonville Md Date signed 1/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

0824

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Forest Glen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Forest Glen. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Robert Lee Trussell.

3. (b) Social Security Number

4. Sex M.

5. Color or race W

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Grace B. Trussell.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28. 1867

8. AGE: Years 72 Months 5 Days 24 If less than one day hrs. min.

9. Birthplace West Va.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Charles W. Trussell.
13. Birthplace West Va.

MOTHER
14. Maiden name Charity Trussell.
15. Birthplace Va.

16. Informant Mrs Grace B. Trussell.

Address Forest Glen Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)

Date thereof Jan. 27, 40
(month) (day) (year)

Cemetery or ~~crematory~~ Edgehill

Location Charlestown West Va.

18. Funeral director Warner E Pumphrey

Address 8424 Ta. ave. Silver Spring Md.

19. Jan 24 1940
(Date rec'd by registrar)

F. E. Dudley Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1940, at 1030 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Coroner Case Coronary Thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks M. D. or other

Address Rockville Md Date signed 1/24/40

RECEIVED
FEB 6 1940
JUNEAU, ALASKA

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163 (0)

0825

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH

County Montgomery

City or town Friendship Heights
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution 414 High St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 1/2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Friendship Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 414 High St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mrs. Edwina Alexander Morris Turner

3. (b) Social Security Number no

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Richard L. Turner

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1912

8. AGE: Years 27 Months 4 Days 15 If less than one day hrs. min.

9. Birthplace Oakbulwna
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Claude Morris
13. Birthplace Connersville Tex

MOTHER
14. Maiden name Surbelle Alexander
15. Birthplace Connersville Tex

16. Informant Richard L. Turner

Address 414 High St Friendship Md

17. Burial
(Burial, ~~cremation, or removal~~ Which?) Date thereof Jan 18, 1940 (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Balto & Washington Blvd. DC Line

18. Funeral director Wm Reuben Pumphrey

Address 7005 Wis Ave. Bethesda Md

19. Jan. 18th 1940 (Date rec'd by registrar) B. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 16 1940, to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Coroner Case

Due to Suicide monoxide carbon

Due to Poisoning Vagus Nerve

Due to Paralysis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C E Hawks
Deputy Med Exp for Mont. Co.
M. D. or other

Address Rockville Md Date signed 1/14/40

RECEIVED
FEB 3 1940
BUREAU V. S.

0826

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium St., Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs Isabel Tunstall Tunstall

(a) Residence: No. 1316 New Hampshire St., Ward.

(Usual place of abode) Wash D C If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Tunstall

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Thomas Mount Mc Roberts

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Ann Manry

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT (Address) Wash. San. Records Takoma Park, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date 1-31, 1940

19. UNDERTAKER (Address) Jos. Gawler's Son 1756 Pa Ave N.W.

20. FILED Jan 31, 1940 J Wilm Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 31 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Coroner Case

Cerebral hemorrhage

Date of onset

Other Contributory Causes of importance: Pneumonia lobar. Shock & exposure

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/28, 1940

Where did injury occur? Wash San & Hosp Takoma Pk (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Jumped from roof of hosp

Nature of injury Suicide intent

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) O. E. Hawks M. D.

Deputy Medical Exmr Mont Co

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0827

1. PLACE OF DEATH

County Montgomery — Registration Dist. No. 223

Village or City Takoma Park — No. Washington Sanitarium & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mr. William Wilkins Wallace — If U. S. Veteran, specify WAR

(a) Residence: No. 901 Rittenhouse St., N.W. Ward. Washington, D.C.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mattie C. Wallace

6. DATE OF BIRTH (month, day, and year): Dec. 1, 1876

7. AGE: Years 63 — Months 1 — Days 1 — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Printer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Gov't Printing Office

10. Date deceased last worked at this occupation (month and year): Dec. 8, 1939

11. Total time (years) spent in this occupation: 11 years

12. BIRTHPLACE (city or town) (State or country): Holly Spring, Mississippi

FATHER

13. NAME: Wilkins T. Wallace

14. BIRTHPLACE (city or town) (State or country): Holly Spring, Mississippi

MOTHER

15. MAIDEN NAME: Maretta Manning

16. BIRTHPLACE (city or town) (State or country): Holly Spring, Mississippi

17. INFORMANT (Address): Washington Sanitarium & Hosp. Records, Takoma Park, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Glenwood Cem. Date: Jan. 4, 1940

19. UNDERTAKER (Address): Warner E. Tumphrey, Silver Spring, Md.

20. FILED 1/2, 1940 J. Hewin Wood, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 2 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1940, to 1/2, 1940

I last saw him alive on 1/1, 1940; death is said to have occurred on the date stated above, at 2:10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease coronary occlusion	1/1/40

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) Bruce T. Benjamin M. D.

(Address) Bethesda, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack by epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 30 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0828

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Comus (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 22 Months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Washington, D.C. County:

City or town: (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No.: 3238 - 13th St. N.W. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank J. Watts

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of husband or wife: Mary Jane Watts

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 1-1856

8. AGE:

Years	Months	Days	If less than one day
83	2	19	hrs. min.

9. Birthplace: Chicago, Ill (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER

12. Name: Jeramiah Watts

13. Birthplace: England

MOTHER

14. Maiden name: Augusta Charity Taylor

15. Birthplace: England

16. Informant: Warren Jeffries

Address: Comus, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/22-40 (month) (day) (year)

Cemetery or crematory: Bellfontain

Location: St Louis, Mo.

18. Funeral director: Jos. Gawler & Sons

Address: Washington, D.C.

19. 1/20/40 (Date rec'd by registrar) 19 Mrs C.C. Fellows

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 20 1940, at 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (unattended) 19 to Jan. 20 1940, and that I last saw him alive on Jan 20 1940. Found dead on arrival.

Immediate cause of death	Cerebral apoplexy	DURATION: sudden
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G. V. Hartley M. D. or other

Address: Rockville, Md Date signed: Jan 20, 1940

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106a)

0829

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Gaithersburg Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 81

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Alice Whalen

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced married

B (b) Name of ~~husband~~ or wife Mike Whalen

6(c) If alive, give age 80 years

T. Birth date of deceased (mo., day, yr.) Feb 20 1859

8. AGE: Years 81 Months 11 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Home

FATHER 12. Name Lawson Day

13. Birthplace Montgomery Co Md

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mike Whalen

Address Gaithersburg Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan 27 1940 (month) (day) (year)

Cemetery or crematory Forest Oak

Location Gaithersburg Md

16. Funeral director Roy W Barber

Address Laytonsville Md

19. Jan 26 1940 (Date rec'd by registrar) Alvenda G Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January - 24 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan - 19 - 1940, to Jan - 24 - 1940, and that I last saw her alive on Jan - 24 - 1940.

Immediate cause of death Acute Bronchitis — DURATION 5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Miller, M.D. M. D. or other

Address Gaithersburg, Md Date signed 1/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0830

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Silver Spring, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Louis Wilding If U. S. Veteran, specify WAR

(a) Residence: No. 734 Easley St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 20 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D.C. (State or country)

FATHER

13. NAME Louis A. Wilding

14. BIRTHPLACE (city or town) Washington D.C. (State or country)

MOTHER

15. MAIDEN NAME Nellie B. Park

16. BIRTHPLACE (city or town) Wilmington Del (State or country)

17. INFORMANT Louis A. Wilding (Address) 734 Easley St. Sil. Spring

18. BURIAL, CREMATION, OR REMOVAL Place Wash D.C. Date Jan 25, 1940

19. UNDERTAKER W W Chambers Co (Address) 1400 Chapin N. N.W.

20. FILED Jan 25, 1940 D. B. Dudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 11 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Coroner Case

Influenza

Unattended by physician

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Lawhs M. D.

(Address) Silver Spring Md Silver Spring Co Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
FEB 6 1940
BUREAU V. S.

Dudley
0402 Madison

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0831

Reg. Dist. No. 2-18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Nr. Damascus
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)
State: Maryland County: Montgomery
City or town: Nr. Damascus Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Wm. L. Williams

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Married

6 (b) Name of husband or wife: Mary E. Williams
6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): March 16, 1902

8. AGE:

Years	Months	Days	If less than one day
37	11	7	hrs. min.

9. Birthplace: Nr. Damascus, Md (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: General

FATHER
12. Name: Downey M. Williams
13. Birthplace: Nr. Damascus Md

MOTHER
14. Maiden name: Elizabeth Bolton
15. Birthplace: Mont'g Co., Md.

16. Informant: Mary E. Williams
Address: R. D. Gaithersburg, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 25, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Lebanon
Location: Nr. Damascus, Md.

18. Funeral director: Roy K. Barber
Address: Laytonsville, Md

19. 1/25 (Date rec'd by registrar) 1940 L. D. Bell Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 23 1940, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 22 1940, to Jan. 23 1940, and that I last saw h[illegible] alive on Jan. 23 1940.

Immediate cause of death	DURATION
Acute Myocarditis a few days	
Due to Diphtheria	1 wk.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: George M. Boyer M. D. or other
Address: Damascus, Md Date signed 1-24-40

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0832

1. PLACE OF DEATH 47a

County of Montgomery Registration Dist. No. 223

Village or City Takoma Park - Maryland No. Wash. Sanitarium a/ Hos. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wolf(son) - Mr Ephraim If U.S. Veteran specify WAR no.

(a) Residence: No. 6419 16th St. N.W. St., Ward. Wash. D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wolfson - Mrs Anna

6. DATE OF BIRTH (month, day, and year) — 1868

7. AGE Years 71 Months ? Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Vender

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Seller of lemons

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Rega Latvia

FATHER

13. NAME Wolfson - Mr Max

14. BIRTHPLACE (city or town) (State or country) Latvia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Wash. Sang Hospital Takoma Park Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Beth Sholom Cem Cap. Heights Md Date 1/14, 1940

19. UNDERTAKER (Address) B Danzansky & Son 3501 14 St N.W.

20. FILED Jan. 12, 1940 J. Hilton Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 12th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1940, to Jan. 12, 1940

I last saw him alive on Jan. 11, 1940, death is said to have occurred on the date stated above, at 8:10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx c metastasis - L. lung.	
Other Contributory Causes of Importance: Terminal Hypostatic Pneumonia	1-10-40

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Paul Eaves M. D.

(Address) 4847 Ill. ave N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Social Security No.: 212-05-0575

STATE OF MARYLAND—CERTIFICATE OF DEATH

842

0833

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 2

Village or City Silver Spring No. Cedarcroft Sanitarium Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elizabeth Wright If U. S. Veteran, specify WAR ____

(a) Residence: No. 211 Becker Ave. St., Ward. Silver Spring

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm D. Wright Jr.

6. DATE OF BIRTH (month, day, and year): Oct 11 1909

7. AGE: Years 30 | Months 2 | Days 29 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Stenographer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Lansdown Penn.

FATHER

13. NAME: Adam Schetzline

14. BIRTHPLACE (city or town) (State or country): Philadelphia Penn

MOTHER

15. MAIDEN NAME: Lillian Styll

16. BIRTHPLACE (city or town) (State or country): Richmond Va.

17. INFORMANT (Address): William D Wright Jr. 211 Becker Ave Silver Spring

18. ~~BURIAL, CREMATION~~, OR REMOVAL

Place: Washington D.C. Date: Jan 9th, 1940

19. UNDERTAKER (Address): Harry L. Slye 1009 CH St. N.W. Wash. D.C.

20. FILED: Jan 9, 1940 F. E. Dudley Jr. Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 9 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1939, to Jan. 9, 1940.

I last saw her alive on Jan. 9, 1940; death is said to have occurred on the date stated above, at 6 40 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Dementia Praecox Catatonic Type	?

Other Contributary Causes of importance: Exhaustion

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way releted to occupation of deceased? no

If so, specify ____

(Signed) Richard B. Thibadeau M. D.

(Address) 2012 R. St. N.W. Wash. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN